



**For specimen pick up:**  
**CALL: 503-906-7300**  
**12254 SW Garden Place / Tigard, OR 97223**  
**www.ctapathology.com**

<b>Submitting Physician</b> (Name and Telephone)	<b>Today's Date</b>	<b>Date of Collection</b> (Required)
<b>Patient Name</b> (Last, First M) <i>(fill in or attach information)</i>	<b>Patient Date of Birth</b> (Required)	<b>Sex</b> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">M      F</div>
<b>Patient Address</b> (mailing: street or box, city, state, ZIP)		<b>Patient Telephone</b>

<b>Bill to:</b> <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid/OMAP <input type="checkbox"/> Patient <input type="checkbox"/> Physician <i>(fill in or attach information)</i>	
<b>Primary Insurance:</b>	<b>Secondary Insurance:</b>
Policy Holder's Name	Policy Holder's Name
ID/Group Numbers	ID/Group Numbers
Billing Address	Billing Address

Specimen Data	Findings and Gross Descriptions
<b>A</b> Type & Orders (check applicable) <input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Snip <input type="checkbox"/> Check Margins <input type="checkbox"/> DIF <input type="checkbox"/> Alopecia Sections <input type="checkbox"/> PAS Fungal <input type="checkbox"/> Dermatopathologist Read <input type="checkbox"/> Slide Prep Only  Site	Clinical Findings  Pigmented Lesion Info <input type="checkbox"/> Size Greater than 7mm <input type="checkbox"/> New Onset <input type="checkbox"/> Recent Change <input type="checkbox"/> Partial Bx  Gross (Lab use only) <input type="checkbox"/> Brown <input type="checkbox"/> Tan <input type="checkbox"/> Gray   _____ x _____ x _____ mm  Specimen is: <input type="checkbox"/> Inked <input type="checkbox"/> Sectioned Submitted: <input type="checkbox"/> Entirely <input type="checkbox"/> Partially
<b>B</b> Type & Orders (check applicable) <input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Snip <input type="checkbox"/> Check Margins <input type="checkbox"/> DIF <input type="checkbox"/> Alopecia Sections <input type="checkbox"/> PAS Fungal <input type="checkbox"/> Dermatopathologist Read <input type="checkbox"/> Slide Prep Only  Site	Clinical Findings  Pigmented Lesion Info <input type="checkbox"/> Size Greater than 7mm <input type="checkbox"/> New Onset <input type="checkbox"/> Recent Change <input type="checkbox"/> Partial Bx  Gross (Lab use only) <input type="checkbox"/> Brown <input type="checkbox"/> Tan <input type="checkbox"/> Gray   _____ x _____ x _____ mm  Specimen is: <input type="checkbox"/> Inked <input type="checkbox"/> Sectioned Submitted: <input type="checkbox"/> Entirely <input type="checkbox"/> Partially
<b>C</b> Type & Orders (check applicable) <input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Snip <input type="checkbox"/> Check Margins <input type="checkbox"/> DIF <input type="checkbox"/> Alopecia Sections <input type="checkbox"/> PAS Fungal <input type="checkbox"/> Dermatopathologist Read <input type="checkbox"/> Slide Prep Only  Site	Clinical Findings  Pigmented Lesion Info <input type="checkbox"/> Size Greater than 7mm <input type="checkbox"/> New Onset <input type="checkbox"/> Recent Change <input type="checkbox"/> Partial Bx  Gross (Lab use only) <input type="checkbox"/> Brown <input type="checkbox"/> Tan <input type="checkbox"/> Gray   _____ x _____ x _____ mm  Specimen is: <input type="checkbox"/> Inked <input type="checkbox"/> Sectioned Submitted: <input type="checkbox"/> Entirely <input type="checkbox"/> Partially