



1 SKIN, HAIR AND NAIL EXPERTS

# NAIL REQUISITION

<b>Specimen Data</b>
Site (Please send fresh. Do not put specimen in formalin.)
<b>Tests Requested</b>
<input type="checkbox"/> <b>Complete Fungal Analysis</b> (H&E/PAS and PCR identification only if PAS positive)
<input type="checkbox"/> <b>H&amp;E/PAS Only</b>
<input type="checkbox"/> <b>PCR Identification Only</b>

For specimen pick up: 503.906.7300

CTA Pathology  
12254 SW Garden Place  
Tigard, OR 97223

[www.ctapathology.com](http://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) (fill in or attach information)	<b>Patient Date of Birth</b> (Required)	<b>Sex</b> <b>M</b> <b>F</b>
<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 (fill in or attach information)		
<b>Primary Insurance Name:</b>	<b>Secondary Insurance Name:</b>	
Policy Holder's Name	Policy Holder's Name	
ID/Group Numbers	ID/Group Numbers	
Billing Address	Billing Address	

<b>Findings and Gross Descriptions</b>
Clinical Findings
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