



For specimen pick up:  
503.906.7300

12254 SW Garden Place / Tigard, OR 97224  
www.cta-lab.com

Submitting Physician (Name and Telephone)	Today's Date	Date of Collection (Required)
Patient Name (Last, First M) (fill in or attach information)	Patient Date of Birth (Required)	Sex <b>M</b> <b>F</b>
Patient Address (mailing: street or box, city, state, ZIP)		Patient Telephone

Bill to:  Insurance  Medicare  Medicaid/OMAP  Patient  Physician (fill in or attach information)

Primary Insurance Name:	Secondary Insurance Name:
Policy Holder's Name	Policy Holder's Name
ID/Group Numbers	ID/Group Numbers
Billing Address	Billing Address

Specimen Data		Findings and Gross Descriptions	
A	Type & Orders (check applicable) <input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Snip <input type="checkbox"/> Excision <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	Clinical Findings	
	Site	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	Type & Orders (check applicable) <input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Snip <input type="checkbox"/> Excision <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	Clinical Findings	
	Site	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	
C	Type & Orders (check applicable) <input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Snip <input type="checkbox"/> Excision <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	Clinical Findings	
	Site	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	

Laboratory, Dermatopathologist, & Claim Processing Use Only

Laboratory		
Count	CPT Code	Mod
	88305	TC
	88312	TC
		TC

Laboratory		
Count	CPT Code	Mod
	88304	
	88305	
	88312	

Laboratory		
Count	CPT Code	Mod
	88321	
	88323	

Dermatopathologist	
Diagnosis (ICD-9/10)	Diagnosis (ICD-9/10)
<input type="checkbox"/> 238.2	<input type="checkbox"/> 232.____
<input type="checkbox"/> 173.____	<input type="checkbox"/> 216.____
<input type="checkbox"/> 709.9	<input type="checkbox"/> 172.____