CyPath® Lung

PRECISION PATHOLOGY LABORATORY
"A Spirit of Excellence"

PPLS Use Only:
Tech Initial: _____
Result ID: _____
Date/Time: _____

PPLS Accessioning Department Only

PATIENT INFORMATION

Last Name	First Name	M.I.
Street Address		Apt. #
City	State	Zip
Patient Phone	Patient SSN	
Date of Birth / Age / Sex	Client ID #	

BILLING / INSURANCE

☐ Bill Patient Insurance *(Attach copy of insurance card, both sides)*

Pre-Authorization # _____

☐ Bill Patient directly / No insurance

☐ Bill physician facility

ICD-10 CODE (REQUIRED)

☐ R91.1 Solitary Pulmonary Nodule

☐ R91.8 Other non-specific abnormal finding of lung field

☐ Other _____

CyPath Lung TESTING

☐ CyPath® Lung with Acapella® Airway Assist Device
Flow Cytometry Analysis of Sputum for the Diagnosis of Solid Lung Field

☐ Recollection CyPath® Lung (NO Acapella® Airway Assist Device)
Flow Cytometry Analysis of Sputum for the Diagnosis of Solid Lung Field

CyPath Lung Collection Kit

☐ Kit Provided to patient IN OFFICE

☐ Kit to be SHIPPED

Shipping Address (if different than above):		Apt. #
City	State	Zip

Physician's Office Instruction

☐ Write patient name and date of birth on specimen cup if providing patient kit direct

☐ Agree upon patients three-day sputum collection schedule Select One:

FedEx Ship Date: (Last day of collection)

☐ Sunday, Monday, Tuesday: _____

☐ Monday, Tuesday, Wednesday: _____

☐ Tuesday, Wednesday, Thursday: _____

☐ Saturday, Sunday, Monday: _____

☐ Provide patient with collection card and patient coach information

CLIENT INFORMATION

Client Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

Treating Physician	UPIN #

Physician's Signature X_____

Send Duplicate of Report to:

Name _____

Address/Fax _____

CLINICAL HISTORY (REQUIRED)

Smoking History:

Smoking Years: _____ Pack Years: _____

Quit Smoking (>15 years): ☐ Yes ☐ No

Low-dose CT or Imaging available

☐ Yes ☐ No

If yes, please attach copy.

NOTES:

_____

_____

_____

_____

_____

Precision Pathology Laboratory Services
3300 Nacogdoches Road #110 | San Antonio, TX 78217
Our hours of operation are **Monday–Friday 8:00am to 6:00pm (CST).** To reach our laboratory, please call **210-646-0890**

Please email completed requisition to reference@precisionpath.us or fax to 210-646-9191
Please write patient name and date of birth on specimen cup