



KC Pathology Laboratory, LLC

44400 VAN DYKE AVE, STE 102A
STERLING HEIGHTS, MI 48314-2370
Phone: 586-262-4243, Fax: 586-263-4241
For Pick up: 586-303-7967

Anatomic Pathology Form

Please Bill: <input type="checkbox"/> Patient <input type="checkbox"/> Insurance <input type="checkbox"/> Account	Collection Date:	Collection Time:
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Please Provide the following with this form: Copy of the patient's demographic sheet, both sides of the patient's insurance card and clinical history/note as much as you can. **For pick up please call 586-262-4241**

Patient Personal Details	Primary Requester Physician
Name:	Name:
Address:	Address:
Phone #:	Account #:
Date of Birth:	Phone #:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Fax:
Additional Copy to Physician # 1	Additional Copy to Physician # 2
Name:	Name:
Address:	Address:
Phone #:	Phone #:
Fax:	Fax:

Patient Insurance Details	
Insurance Company:	Insured name:
Policy #:	Employer name:
Group #:	Relation to insured:
Plan #:	Social Security #:
Authorization Code, if available:	Employer Phone #:

Relevant Clinical Information, ICD10, Pcedure and Diagnosis	
Relevant Clinical Information: - - ICD10: -	Procedure: - Diagnosis: <input type="checkbox"/> Pre-operative: - <input type="checkbox"/> Post-operative: -

Specimens (please indicate site and left/right)	
Specimen# 1/A	Specimen# 9/I
Specimen# 2/B	Specimen# 10/J
Specimen# 3/C	Specimen# 11/K
Specimen# 4/D	Specimen# 12/L
Specimen# 5/E	Specimen# 13/M
Specimen# 6/F	Specimen# 14/N
Specimen# 7/G	Specimen# 15/O
Specimen# 8/AH	Specimen# 16/P

Please keep all specimens in 10% formalin. Call the lab at 586-262-4241 for specimen requirement and to request 10% formalin specimen containers before doing the biopsy. Never send specimen for anatomic/surgical pathology examination without 10% formalin