



# KC Pathology Laboratory, LLC

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 For Pick up call 586-303-7967

## Podiatric 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**

<b>Patient Personal Details</b> Name: Address: Phone #: Date of Birth: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Additional Copy to Physician # 1</b> Name: Address: Phone #: Fax#:	<b>Primary Requester Physician</b> Name: Address: Account #: Phone #: Fax: <b>Additional Copy to Physician # 2</b> Name: Address: Phone #: Fax#:
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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, Procedure and Diagnosis	
<b>Relevant Clinical Information:</b> - - <b>ICD10:</b>	<b>Procedure:</b> - <b>Diagnosis:</b> <input type="checkbox"/> Pre-operative: <input type="checkbox"/> Post-operative:

### Dry Keratin / Nail / Skin Specimens - Send by

<b>Nail Specimen A:</b> ( ) Right ( ) Left Toe (Circle any submitted) 1 2 3 4 5 ( ) Nail Dystrophy ( ) R/O Onychomycosis ( ) Onychocryptosis	<b>Specimen Orders</b> ( ) Nail/Nail Bed Biopsy w/PAS Fungal ( ) Stain Nail Sample w/PAS Fungal stain ( ) Reflex GMS stain if PAS stain is negative ( ) Fungal culture ( ) Run wound NGS ( ) Run nail NGS panels	
<b>Nail Specimen B:</b> ( ) Right ( ) Left Toe (Circle any submitted) 1 2 3 4 5 ( ) Nail Dystrophy ( ) R/O Onychomycosis ( ) Onychocryptosis	<b>Specimen Orders</b> ( ) Nail/Nail Bed Biopsy w/PAS Fungal ( ) Stain Nail Sample w/PAS Fungal stain ( ) Reflex GMS stain if PAS stain is negative ( ) Fungal culture ( ) Run wound NGS ( ) Run nail NGS panels	

10% Formalin Fixed Specimen / Anatomic Location / Procedure	
Specimen	
A	
B	
C	
D	
For Lab Use Only	Additional clinical information:

**Dermatitis**-Tinea, "Eczema", Stasis  
 **Pigmented Lesion**-R/O Melanoma  
 **Tumor**-Verruca, Keratosis, R/O Carcinoma  
 **Ulcer**-Rule out neoplasm  
 **Synovial Fluid** - Use Cyto Fixative  
 **Gout Crystals** - Use Cyto Fixative  
 **Osteomyelitis**- Infectious  
 **Tumor**- Cyst, Neoplasm  
 **DJD**- Hallux abducto-valgus, Hammer toe  
 **Bunion**  
 **Other:**