



4path, Ltd
Pathology Services

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Tests which are to be billed to Medicare or Medicaid must be medically necessary for the diagnosis and treatment of the patient.

Patient & Insurance Information

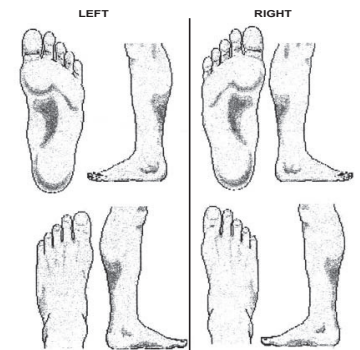
Patient Last Name	Sex M F	Date of Birth
First Name	Phone () -	
Patient Address		
City	State	Zip
Primary Insurance	Policy Number	
Primary Insurance Company Address	Group Number	
City	State	Zip
Secondary Insurance Policy Number	Secondary Insurance Group Number	
Guarantor Name (if not patient)	Client Patient ID	

Specimen Information

Collected Date	Collected Time	Collected By - Ensure that two separate patient indentifiers are present on each container
Special Instructions		
History or Pre-op Diagnosis	Clinical Diagnosis and/or ICD-9 Codes	

Dry Keratin/Nail/Skin Specimens - Send By Nail Kit

Nail Specimen A <input type="checkbox"/> Right <input type="checkbox"/> Left Toe (Circle any submitted) 1 2 3 4 5 <input type="checkbox"/> Nail Dystrophy <input type="checkbox"/> R/O Onychomycosis <input type="checkbox"/> Onychocryptosis	Specimen Orders <input type="checkbox"/> Nail/Nail Bed Biopsy w/PAS Fungal Stain. <input type="checkbox"/> Nail Sample w/PAS Fungal stain. <input type="checkbox"/> Reflex GMS stain if PAS stain is negative. <input type="checkbox"/> Fungal culture. <input type="checkbox"/> Add Alcian Blue stain to PAS.
Nail Specimen B <input type="checkbox"/> Right <input type="checkbox"/> Left Toe (Circle any submitted) 1 2 3 4 5 <input type="checkbox"/> Nail Dystrophy <input type="checkbox"/> R/O Onychomycosis <input type="checkbox"/> Onychocryptosis	Specimen Orders <input type="checkbox"/> Nail/Nail Bed Biopsy w/PAS Fungal Stain. <input type="checkbox"/> Nail Sample w/PAS Fungal stain. <input type="checkbox"/> Reflex GMS stain if PAS stain is negative. <input type="checkbox"/> Fungal culture. <input type="checkbox"/> Add Alcian Blue stain to PAS.



SKIN/SOFT TISSUE

- DERMATITIS (Tinea / "Eczema" / Stasis)
- PIGMENTED LESION
(Nevus / R/O Melanoma / Lentigo)
- TUMOR
(Verruca / Keratosis / R/O Carcinoma)
- ULCER (Rule out neoplasm)
- SYNOVIAL FLUID (Use Cyto Fixative)
- BONE**
- OSTEOMYELITIS (Infectious)
- TUMOR (Cyst / Neoplasm)
- DJD(Hallux abducto-valgus / Hammer toe)
- BUNION
- OTHER** _____

Formalin Fixed Specimens

Specimen	Specimen/Anatomic Location/Procedure
A	
B	
C	
D	
For Lab Use Only	Additional clinical information <input type="checkbox"/> Patient clinical images emailed to patientimages@4path.com