Cleveland Clinic Laboratories

Reset Patient & Specimen Fields | Clear Form

DERMATOPATHOLOGY REQUISITION

Please **legibly complete all fields below** to ensure timely results.

Patient

Patient ID / MRN			
Patient Name	First		Middle Initial
	Last		
Date of Birth	____ / ____ / ____ (month / day / year)	**Sex**	☐ Male ☐ Female
Patient Address	Address		
	Apartment, Suite, Other (Optional)		
	City	State	Zip
☐ Non-US Address *If the patient lives outside of the United States, please provide their address details here.*			
Patient Phone			

Billing / Insurance

Bill to

☐ Client / Institution ☐ Medicare ☐ Insurance ☐ Patient

PLEASE INCLUDE A COPY OF THE PATIENT'S INSURANCE CARD

If a copy of the patient's insurance card is not available, please fill out the information below:

Name of Policy Holder *If different than the patient*			
Relationship to Patient	☐ Spouse	☐ Dependent	☐ Other: _____
Medicare HIC Number *If applicable*			
Medicaid Number *If applicable*			
Insurance Company *If applicable*			
Policy Number			
Group Number			
Claims Address	Street		
	City	State	Zip

Advanced Beneficiary Notice (ABN)?	**Secondary Insurance?**
☐ Yes	☐ Yes (attach a copy)
☐ No	☐ No

MEDICAL NECESSITY NOTICE: When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

Submitter – Client / Organization

Submitter Name			
Phone			
Fax			
Submitter Address	Address		
	City	State	Zip

Referring Provider

Provider Name	First		Middle Initial
	Last		
NPI			
Email			
Phone			
☐ **Additional Fax**			

Select if a second report should be faxed in addition to the Submitter Fax listed above.

Clinical Information & Diagnosis Codes

Reason for Testing		
ICD-10 Code(s)	1.	2.
	3.	4.

Specimen Shipping Address

Cleveland Clinic Laboratories
2119 E 93rd St
L15 - Pathology & Laboratory Medicine
Cleveland, OH 44106

Client Services

800.628.6816
Representatives are available 24/7
Fax: 1.216.444.0460

Billing

800.204.6741
Open 8 a.m. to 4 p.m., Mon – Fri.
Payment terms are **net 30 days**.
Fax: 1.216.448.5376

Test Information

clevelandcliniclabs.com
Refer to the **Test Directory** for CPT code(s), specimen requirements, reference ranges, and other test details.

Patient			
Patient ID / MRN			
Patient Name	*First*	*Middle Initial*	
	Last		
Date of Birth	____ / ____ / ____ *month day year*	**Sex**	☐ Male ☐ Female

Referring Provider		
Provider Name	*First*	*Middle Initial*
	Last	
Email		
Phone		

Clinical Information & Diagnosis Codes		
Reason for Testing		
ICD-10 Code(s)	1.	2.
	3.	4.

Dermatopathology Test Requisition

Specimen A

Biopsy Site				**Margins?** ☐ Yes ☐ No
Type of Biopsy	☐ Punch	☐ Shave	☐ Curettings	☐ Wide Excision
	☐ Punch Excision	☐ Shave Excision	☐ Excision	
Collection Date	____ / ____ / ____ *month day year*		**Time**	____:____ ☐ AM ☐ PM
Type of Fixative	☐ Formalin	☐ Fresh Tissue	☐ Michel's Media (for DIF)	☐ Alcohol
Date in Fixative	____ / ____ / ____ *month day year*		**Time Placed in Fixative**	____:____ ☐ AM ☐ PM
To Be Performed	☐ Gross Examination & Diagnostic Interpretation		☐ Other: _____	
– Additional Tests	☐ FISH for Cutaneous Melanoma (CMFISH)	☐ T-Cell Clonality (TCBMDO) *TCRB* and *TCRG*	☐ Direct Immunofluorescense	
	☐ Melanoma Hotspot NGS Gene Panel (NGSMEL) includes *KIT*, *BRAF*, *NRAS*	☐ B-Cell Clonality (BCBMDO) *IGH* and *IGK*	☐ Immunohistochemistry Stain: _____	
Clinical History				

Specimen B

Biopsy Site				**Margins?** ☐ Yes ☐ No
Type of Biopsy	☐ Punch	☐ Shave	☐ Curettings	☐ Wide Excision
	☐ Punch Excision	☐ Shave Excision	☐ Excision	
Collection Date	____ / ____ / ____ *month day year*		**Time**	____:____ ☐ AM ☐ PM
Type of Fixative	☐ Formalin	☐ Fresh Tissue	☐ Michel's Media (for DIF)	☐ Alcohol
Date in Fixative	____ / ____ / ____ *month day year*		**Time Placed in Fixative**	____:____ ☐ AM ☐ PM
To Be Performed	☐ Gross Examination & Diagnostic Interpretation		☐ Other: _____	
– Additional Tests	☐ FISH for Cutaneous Melanoma (CMFISH)	☐ T-Cell Clonality (TCBMDO) *TCRB* and *TCRG*	☐ Direct Immunofluorescense	
	☐ Melanoma Hotspot NGS Gene Panel (NGSMEL) includes *KIT*, *BRAF*, *NRAS*	☐ B-Cell Clonality (BCBMDO) *IGH* and *IGK*	☐ Immunohistochemistry Stain: _____	
Clinical History				