

Miraca Life Sciences Breast Pathology Requisition



Shaded fields are required.

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CLIENT INFORMATION

		Referring Physician (Last, First)	
		Requesting Physician	
		Phone	Fax

PATIENT INFORMATION

Last Name	First Name	MI	Age	Sex	Date of Birth
Street Address		Apt#	City	State	ZIP
Home Phone #	Cell Phone #	Medical Record #	Social Security #		

BILLING INFORMATION – PRIMARY INSURED SECONDARY Please check box and attach copy of front and back of patient's card.

We file all primary and secondary insurance plans if information is provided.

Payer	<input type="radio"/> Medicare <input type="radio"/> Insurance <input type="radio"/> Patient <input type="radio"/> Client <input type="radio"/> Other _____	Patient Status	<input type="radio"/> Non-hosp <input type="radio"/> Hosp in-patient <input type="radio"/> Hosp out-patient
Insurance Carrier	Policy Number/Insured ID Number	Group Number	
Claims Address	City	State	ZIP
Claims Phone #	Policy Holder's Name		
Policy Holder's Relationship to Patient	<input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Dependent	Policy Holder's DOB	Policy Holder's Sex

CLINICAL/FAMILY HISTORY (Please print)

ICD CODE(S)

SAMPLE INFORMATION

Fixative: 10% neutral buffered formalin
 Date Specimen Collected: _____ Time Collected: _____ Time Placed in Fixative: _____
 Paraffin Block(s) Block # _____
 Unstained Slides Slide # _____

PROGNOSTIC MARKERS

Reflex testing will be performed on all in situ & invasive carcinomas and will receive the standard prognostic biomarker testing. (ER/PR/Ki67/HER2 IHC & CISH).
If different, please indicate the combination of individual markers preferred.

SPECIMEN (Use second form if necessary)

	Side	Site	Nature of Lesion	Clock Position	Distance from Nipple	Biopsy Type	Lumpectomy
A	<input type="radio"/> Left <input type="radio"/> Right	<input type="radio"/> Breast <input type="radio"/> Axilla <input type="radio"/> Chest Wall <input type="radio"/> Lymph node <input type="radio"/> Sentinel LN	<input type="radio"/> Nodule <input type="radio"/> Calcification <input type="radio"/> Cyst <input type="radio"/> Stellate Mass <input type="radio"/> Density <input type="radio"/> Other: _____			<input type="radio"/> FNA <input type="radio"/> Core biopsy <input type="radio"/> Stereotactic <input type="radio"/> Wire-guided needle loc.	<input type="radio"/> Double long _____ <input type="radio"/> Double short _____ <input type="radio"/> Single _____
		<input type="radio"/> Breast <input type="radio"/> Axilla <input type="radio"/> Chest Wall <input type="radio"/> Lymph node <input type="radio"/> Sentinel LN	<input type="radio"/> Nodule <input type="radio"/> Calcification <input type="radio"/> Cyst <input type="radio"/> Stellate Mass <input type="radio"/> Density <input type="radio"/> Other: _____			<input type="radio"/> FNA <input type="radio"/> Core biopsy <input type="radio"/> Stereotactic <input type="radio"/> Wire-guided needle loc.	<input type="radio"/> Double long _____ <input type="radio"/> Double short _____ <input type="radio"/> Single _____
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In keeping with the requirements of Medicaid and Medicare, it is the policy of Miraca Life Sciences only to perform testing that is medically necessary for the diagnosis and treatment of patient.

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 4207 E. Cotton Center Blvd., Phoenix, AZ 85040 / 800.768.0958 / Fax: 866.688.3280 / CLIA 03D1064744
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FOR LAB USE ONLY

Patient: _____	Patient: _____
Spec. A: _____	Spec. B: _____
DOB: _____ 00000000	DOB: _____ 00000000
Patient: _____	Patient: _____
Spec. C: _____	Spec. D: _____
DOB: _____ 00000000	DOB: _____ 00000000