Breast Pathology Requisition

GOPATH LABORATORIES
Global Pathology Services
1351 Barclay Blvd, Buffalo Grove, IL 60089
Tel: 855.467.2849; Fax: 224.588.9941
www.gopathlabs.com

PATIENT INFORMATION (Please print)

Name (Last, First) _____
Address _____
City, State, Zip _____
Female ☐ Male ☐ Date of Birth (M/D/Y) _____
SSN# (Optional) _____
Phone# _____
Diagnosis: _____
_____

ORDERING PHYSICIAN / LAB INFORMATION (Please print)

Facility Name _____
Name (Last, First) _____
Address _____
City, State, Zip _____
Phone# _____ Fax# _____ E-Mail: _____
Ordering Physician _____ (M/D/Y) _____
NPI#: _____ Treating Physician: _____
Report Delivery: Fax ☐ E-Mail ☐ Mail ☐ Website Only ☐

CODING INFORMATION

Diagnosis Code/ICD-10 Code: _____

The physician is required to document all applicable ICD codes or descriptions for all tests ordered supporting medical necessity which shall be used in patient plan of care. Example: ICD-10: V60.01 (Breast Cyst)

BILLING INFORMATION (Please provide copy of insurance card)

Primary Insurance: _____
Bill: ☐ Insurance ☐ Medicare ☐ Medicaid ☐ Hospital ☐ Client ☐ Self Pay
Secondary Insurance: ☐ Yes ☐ No *If yes, please attach secondary insurance form*
Secondary Insurance: _____
Place of Service:
☐ 21 - Inpatient Hospital ☐ 22 - Outpatient Hospital ☐ 24 - Ambulatory Surgery Ctr

COMMON ICD-10 CODES

	Right Breast	Left Breast	Unspecified
Breast Cyst	N60.01	N60.02	N60.09
Malignant Neoplasm-Nipple & Areola	C50.011	C50.012	C50.019
Malignant Neoplasm-Central Portion	C50.111	C50.112	C50.119
Malignant Neoplasm-Upper-Inner Quad	C50.211	C50.212	C50.219
Malignant Neoplasm-Lower-Inner Quad	C50.311	C50.312	C50.319
Malignant Neoplasm-Upper-Outer Quad	C50.411	C50.412	C50.419
Malignant Neoplasm-Lower-Outer Quad	C50.511	C50.512	C50.519
Malignant Neoplasm of Axillary Tail	C50.611	C50.612	C50.619
Malignant Neoplasm of Overlapping Sites	C50.811	C50.812	C50.819

Unspecified Lump in Breast	N63	Secondary Malignant Neoplasm	C79.81
Microcalcifications	R92.0	Carcinoma in situ of Breast	D05.00-D05.92
Calcifications	R92.1	Neoplasm of Uncertain Behavior	D48.60-D48.62

CLINICAL HISTORY

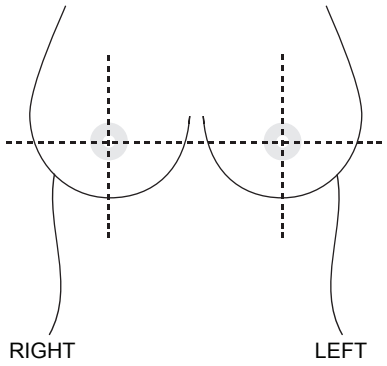
☐ History of cancer, please specify:
_____
_____
_____
_____

☐ Family History of Breast Cancer, please specify:
_____
_____
_____
_____

☐ Other:
_____
_____
_____
_____

SPECIAL INSTRUCTIONS

BREAST DIAGRAM



A. _____ Breast, _____,_____ CMFN
☐ Sono ☐ MRI
☐ Stereo ☐ FNA

B. _____ Breast, _____,_____ CMFN
☐ Sono ☐ MRI
☐ Stereo ☐ FNA

C. _____ Breast, _____,_____ CMFN
☐ Sono ☐ MRI
☐ Stereo ☐ FNA

SURGICAL PROCEDURE / MOLECULAR

☐ Sono - Guided Vacuum Assisted Bx, _____g Cores
☐ Stereo - Guided Vacuum Assisted Bx, _____g Cores
☐ MRI - Guided Vacuum Assisted Bx, _____g Cores
☐ Core Needle Biopsy
☐ Lumpectomy/Excision Biopsy
☐ Fine Needle Aspiration (FNA)/Cyst Aspiration
☐ Other: _____

TESTING OPTIONS

☐ ER IHC ☐ Ki67 IHC
☐ PR IHC ☐ HER2 IHC
☐ ER/PR IHC ☐ HER2 FISH

* GoPath will auto-reflex to ER, PR, Ki67 and HER2 IHC on all invasive carcinomas.

SPECIMEN INSTRUCTIONS

- Complete this requisition form
- Label each specimen vial with the patient's name, date, specimen, specimen site, and physician's name
- Perform biopsy procedure. Place biopsies directly into labeled specimen vials and secure cap tightly.
- Place vials into corresponding box and inner tray if available and discard any unused vials
- Close and secure the kit tightly and place inside the biohazard transport bag
- Insert the requisition form into the outer document pouch to transport bag
- Ship to GoPath Laboratories, 1351 Barclay Boulevard, Buffalo Grove, IL 60089