**DERMATOPATHOLOGY TISSUE EXAM REQUEST** – Label should include patient first name, last name and unique ID number (birth date, MRN or requisition number, etc.) and specimen designation or source for multiple specimens

**PREVIOUS PATHOLOGY CASE #**

8090000 HISTOLOGIC PATHOLOGY

**SPECIMEN/SOURCE/SITE**

A

B

C

D

E

**SPECIAL INSTRUCTIONS**

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<tr>
<th>CURETTE</th>
<th>EXC</th>
<th>PUNCH</th>
<th>SHAVE BX</th>
<th>SHAVE REMOVAL</th>
<th>CLINICAL IMPRESSION</th>
<th>ICD10</th>
<th>For Tumor</th>
<th>For Rash</th>
<th>Pigment</th>
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**OTHER TESTING**

- ☐ 6000153 Bacterial (Aerobic) Culture and Stain
- ☐ 6000325 Fungus Culture for hair, skin scrapings or nail
- ☐ 6000300 Fungus Culture for fluid, tissue or wounds
- ☐ Fungal Stain for Onychomycosis/Other
- ☐ DIF PANEL
- ☐ OTHER

Physician authorizes RML to perform all appropriate laboratory services related to this specimen(s) and to bill payor/patient as directed.