RML
REGIONAL MEDICAL LABORATORY
4142 S Mingo Rd. Tulsa, OK 74146 (918) 744-2500
WWW.RMLONLINE.COM (800) 722-8077

☐ CALL
☐ FAX

☐ **STAT**

PATIENT INFORMATION Please Provide All Information below **(Name on Requisition MUST Match Name on Specimen EXACTLY!)**

LAST NAME (Please Print Legibly) FIRST MIDDLE	PATIENT ID#	SEX M☐ F☐	DATE OF BIRTH [MM / DD / YYYY]

PATIENT ADDRESS	CITY	STATE	ZIP CODE	HOME PHONE

COLLECTION DATE:	TIME: ☐ A.M. ☐ P.M.	PATIENT MRN.	NAME OF GUARANTOR:

REQUESTING PHYSICIAN [Last Name, First Name]

Provider signature: _____

CONSULTING COPY TO PHYSICIAN(s) [Last Name, First Name]
(COMPLETE MAILING ADDRESS or FAX NUMBER is REQUIRED to SEND a CONSULT REPORT)

BILLING INFORMATION (Required)

BILL: ☐ **CLIENT/ OFFICE** ☐ **PATIENT/ INSURANCE** **Complete or provide a photo copy of the patient's insurance card(s)**

PRIMARY INSURANCE CARRIER	2nd - INSURANCE CARRIER
POLICY/ MEMBER/ MEDICARE NUMBER	2nd - POLICY/ MEMBER/ MEDICARE NUMBER
GROUP NUMBER/ PERSONAL CODE	2nd - GROUP NUMBER/ PERSONAL CODE
POLICY HOLDER	2nd - POLICY HOLDER
EMPLOYER	2nd - EMPLOYER

FOR LAB USE ONLY
LAB ID:

RCV'D TIME/DATE:

SPECIMENS RCV'D

- ☐ Tissue
- ☐ Nail(s)
- ☐ Hair
- ☐ Scrapings
- ☐ Fluid
- ☐ Sterile container, no additive _____
- ☐ Sterile container with moistened gauze _____
- ☐ Sterile container with saline _____
- ☐ 10% buffered formalin container _____
- ☐ DIF: Michel's media or Zeus solution _____
- ☐ ExCell Plus™ container _____
- ☐ eSwab
- ☐ RPMI Preservative _____

09.12.2017

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	OTHER	CURETTE	EXC	PUNCH	SHAVE BX	SHAVE REMOVAL	CLINICAL IMPRESSION	ICD10	For Tumor	For Rash	Pigment
A	☐	☐	☐	☐	☐	☐			☐	☐	☐
B	☐	☐	☐	☐	☐	☐			☐	☐	☐
C	☐	☐	☐	☐	☐	☐			☐	☐	☐
D	☐	☐	☐	☐	☐	☐			☐	☐	☐
E	☐	☐	☐	☐	☐	☐			☐	☐	☐

SPECIAL INSTRUCTIONS

CLINICAL HISTORY

_____

_____

_____

_____

_____

_____

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.