



TEL # 1-888-"ACUPATH" (228-7284)
TEL # (516) 775-8103
FAX # (516) 326-3452
28 S. TERMINAL DRIVE, PLAINVIEW, NY 11803
WWW.ACUPATH.COM
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THYROID PATHOLOGY REQUEST FORM

TP001L

ANY OMISSION MAY RESULT IN DELAY OF REPORT

PATIENT INFORMATION (Please print legibly, fill in ALL information)
LAST NAME FIRST NAME M.I.
STREET ADDRESS APT. #
CITY STATE ZIP CODE
PHONE # GENDER DATE OF BIRTH (mm/dd/yyyy)
SOCIAL SECURITY # CHART # PATH #

PATIENT'S PRIMARY INSURANCE
LAST NAME OF INSURED FIRST NAME OF INSURED
Relationship to Insured: PRIMARY INSURANCE NAME
DATE OF ACCIDENT (If No Fault/Workers Comp)
INSURANCE STREET ADDRESS
CITY STATE ZIP CODE
POLICY # GROUP NAME
REFERRAL #
*If previous cytology on file with Acupath and same insurance, please check box

PATIENT'S SECONDARY INSURANCE
LAST NAME OF INSURED FIRST NAME OF INSURED
Relationship to Insured: SECONDARY INSURANCE NAME
INSURANCE STREET ADDRESS
CITY STATE ZIP CODE
POLICY # GROUP NAME
REFERRAL #
*If previous cytology on file with Acupath and same insurance, please check box

CLIENT CASE # PATIENT CHART #: ICD CODE:

I authorize the release to my insurance carrier of any medical information necessary to process this claim, and I authorize payment of medical benefits directly to Acupath Laboratories, Inc. I understand that if I do not have insurance, I will be billed directly by Acupath Laboratories, Inc.
I also authorize release of my pathology results to my doctor utilizing all methods of transmission according to HIPAA regulations.
Patient Signature _____

HISTOLOGY
Vial #
Site
Diagnosis

CLINICAL IMPRESSION/DATA

PHYSICIAN SIGNATURE:
DUPLICATE REPORT TO:
COMMENTS TO PRINT OUT ON REPORT:
DATE OBTAINED:
CHECK MARGINS OTHER
STAT
CALL MD W/ RESULTS CONSULTATION
Includes all tests determined by pathologist
Physician must be contacted prior to performance of additional tests
SITE #1
Thyroid: Right Lobe Left Lobe Upper Pole Mid Lower Pole Isthmus
Ultrasound Findings: Hypoechoic (solid) Cystic Solid/Cystic (Complex)
Hypervascular Microcalcifications Irregular Borders Heterogeneous
Solitary Increased in Size Size: cm

SITE #2
Thyroid: Right Lobe Left Lobe Upper Pole Mid Lower Pole Isthmus
Ultrasound Findings: Hypoechoic (solid) Cystic Solid/Cystic (Complex)
Hypervascular Microcalcifications Irregular Borders Heterogeneous
Solitary Increased in Size Size: cm

SITE #3
Thyroid: Right Lobe Left Lobe Upper Pole Mid Lower Pole Isthmus
Ultrasound Findings: Hypoechoic (solid) Cystic Solid/Cystic (Complex)
Hypervascular Microcalcifications Irregular Borders Heterogeneous
Solitary Increased in Size Size: cm

Reflex for Thyroid Molecular Testing
CONSULTATION
Source:
*Please send pathology report with specimen
Slides Paraffin Block Other

FLOW CYTOMETRY
Perform flow cytometry on specimen #
RPMI required

Remove labels and affix to specimen bottles. De-identified patient data may be used for R&D purposes.

SITE 1 Patient Name: Site Location: Date:
SITE 1 Patient Name: Site Location: Date: D.O.B.
SITE 2 Patient Name: Site Location: Date: D.O.B.
SITE 2 Patient Name: Site Location: Date: D.O.B.
SITE Patient Name: Site Location: Date: D.O.B.
SITE Patient Name: Site Location: Date: D.O.B.
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