

PHYSICIAN SIGNATURE: \_\_\_\_\_

DATE OBTAINED: \_\_\_\_/\_\_\_\_/20\_\_\_\_ TIME: \_\_\_\_:\_\_\_\_:\_\_\_\_  AM  PM

CHECK MARGINS  CALL MD W/RESULT  CONSULTATION  
 STAT  OTHER: \_\_\_\_\_

ICD-10 CODES: \_\_\_\_\_

COLLECTION METHOD:  PUNCH  EXCISION  INCISION  
 SHAVE  CURETTE  SNIP  SAUCERIZATION  LASER  
 FLUID ASPIRATION FOR CRYSTAL IDENTIFICATION (Submit in sterile container)

TEST REQUEST:  
 # OF SPECIMEN BOTTLES\* \_\_\_\_\_ SLIDES \_\_\_\_\_ BLOCKS \_\_\_\_\_  
\*INCLUDES SPECIAL (BILLABLE) STAINS DETERMINED BY PATHOLOGIST.  
 PHYSICIAN MUST BE CONTACTED PRIOR TO PERFORMANCE OF SPECIAL (BILLABLE) STAINS.

FISH (Flourescence In Situ Hybridization) TESTING:  
 AcuProbe™ Melanoma (for Melanoma confirmation)  
 AcuProbe™ Spitz (for Spitz nevus confirmation)

**CLINICAL INFORMATION**  
 **FUNGAL NAIL PCR TESTING**

CLINICAL HISTORY: \_\_\_\_\_

**NAIL UNIT**

<b>SPECIMEN A:</b> <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> R/O MELANOMA <input type="checkbox"/> R/O CARCINOMA <input type="checkbox"/> HIGH SENSITIVITY PAS, GMS	<b>SPECIMEN B:</b> <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> R/O MELANOMA <input type="checkbox"/> R/O CARCINOMA <input type="checkbox"/> HIGH SENSITIVITY PAS, GMS	<b>SPECIMEN C:</b> <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> R/O MELANOMA <input type="checkbox"/> R/O CARCINOMA <input type="checkbox"/> HIGH SENSITIVITY PAS, GMS
--	--	--

**BONE**

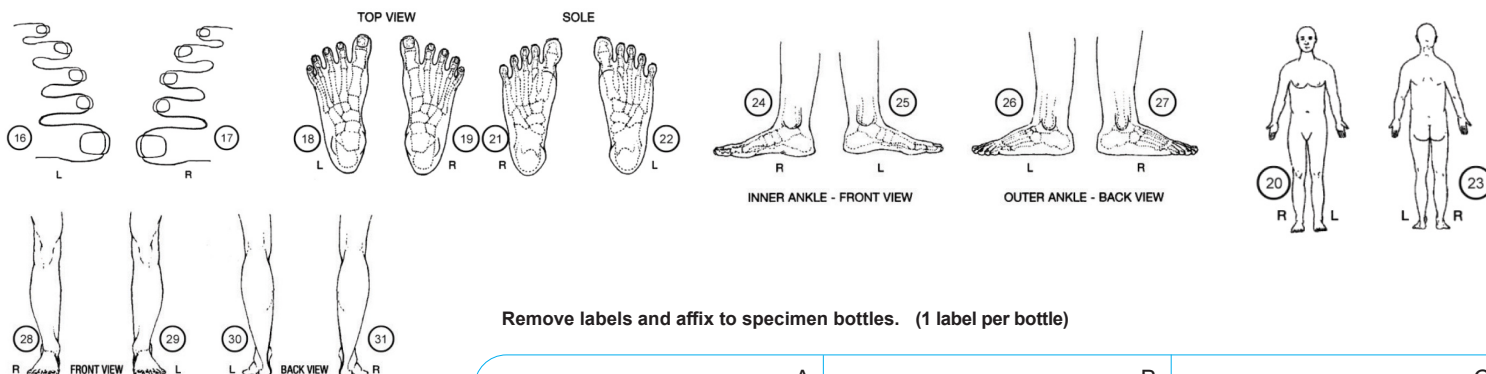
<b>SPECIMEN A:</b> <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> HAV / HAMMER TOE / DJD / EXOTOSIS <input type="checkbox"/> OSTEOMYELITIS <input type="checkbox"/> NEOPLASM <input type="checkbox"/> OTHER _____	<b>SPECIMEN B:</b> <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> HAV / HAMMER TOE / DJD / EXOTOSIS <input type="checkbox"/> OSTEOMYELITIS <input type="checkbox"/> NEOPLASM <input type="checkbox"/> OTHER _____	<b>SPECIMEN C:</b> <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> HAV / HAMMER TOE / DJD / EXOTOSIS <input type="checkbox"/> OSTEOMYELITIS <input type="checkbox"/> NEOPLASM <input type="checkbox"/> OTHER _____
--	--	--

**SKIN**

<b>SPECIMEN A:</b> <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> R/O MELANOMA (PIGMENTED LESION) <input type="checkbox"/> R/O CARCINOMA (NON-PIGMENTED LESION) <input type="checkbox"/> DERMATITIS <input type="checkbox"/> ULCERATION <input type="checkbox"/> INFLAMMATORY	<b>SPECIMEN B:</b> <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> R/O MELANOMA (PIGMENTED LESION) <input type="checkbox"/> R/O CARCINOMA (NON-PIGMENTED LESION) <input type="checkbox"/> DERMATITIS <input type="checkbox"/> ULCERATION <input type="checkbox"/> INFLAMMATORY	<b>SPECIMEN C:</b> <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> R/O MELANOMA (PIGMENTED LESION) <input type="checkbox"/> R/O CARCINOMA (NON-PIGMENTED LESION) <input type="checkbox"/> DERMATITIS <input type="checkbox"/> ULCERATION <input type="checkbox"/> INFLAMMATORY
---	---	---

**SOFT TISSUE**

<b>SPECIMEN A:</b> <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> TUMOR <input type="checkbox"/> OTHER CONDITIONS _____	<b>SPECIMEN B:</b> <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> TUMOR <input type="checkbox"/> OTHER CONDITIONS _____	<b>SPECIMEN C:</b> <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> TUMOR <input type="checkbox"/> OTHER CONDITIONS _____
--	--	--



Remove labels and affix to specimen bottles. (1 label per bottle)

A	B	C
_____	_____	_____