

### Client Information

## Podiatric Pathology



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Submitting Physician

Specimen Accession #

Date of Collection

### Patient Information

Last Name	First Name	MI
Street Address	City, State	Zip Code
Patient's Telephone # ( )	Date of Birth (MM/DD/YYYY)	
SSN	Gender <input type="radio"/> Male <input type="radio"/> Female	
Patient's Employer	Work Telephone # ( )	

### Payment Information

Bill to:

Insurance       Patient  
 Medicare       Client  
 Medicaid       Other \_\_\_\_\_

Insurance Company

Insurance Company Address

Patient's Ins. ID #      Group #

Medicare #      Medicaid #

Name of Insured

Secondary Insurance Information Also Attached

### Guarantor Information (if different from above)

Last Name	First Name	MI
Street Address	City, State	Zip Code
Relationship to Patient	Telephone # ( )	
SSN	Date of Birth (MM/DD/YYYY)	

### Clinical Information

- SPECIMEN # 1**     Right       Left  
 Biopsy       Excision       Aspiration

- SKIN**
- Pigmented Lesion (Rule out Melanoma)
  - Non-Pigmented Lesion (Verrucous/Carcinoma)
  - Dermatitis (Eczematous/Tinea)
  - Ulceration (Malignancy/Vasculitis)
  - Other \_\_\_\_\_

- SOFT TISSUE**
- Mass (Ganglion/Lipoma/Sarcoma)
  - Inflammatory (Tophus/Abscess)

- BONE**
- Arthritis (HAV/Hammer Toe/DJD/RA)
  - Lytic/Destructive (Osteomyelitis/Neoplasm)
  - Other \_\_\_\_\_

- NAIL UNIT**
- Nail Unit Dystrophy (Onychomycosis/Trauma)
- Histopathology with PAS
  - PAS Only (Repeat Cases Only)
- Rule Out Neoplasia
- Pigmented Streak/Lesion (R/O Melanoma)
  - Non-Pigmented Lesion (Verrucous/Carcinoma)

- MICROBIOLOGY**
- Aerobic Culture
  - Anaerobic Culture
  - Fungus Culture
  - KOH Prep
  - AFB Culture

- SPECIMEN # 2**     Right       Left  
 Biopsy       Excision       Aspiration

- SKIN**
- Pigmented Lesion (Rule out Melanoma)
  - Non-Pigmented Lesion (Verrucous/Carcinoma)
  - Dermatitis (Eczematous/Tinea)
  - Ulceration (Malignancy/Vasculitis)
  - Other \_\_\_\_\_

- SOFT TISSUE**
- Mass (Ganglion/Lipoma/Sarcoma)
  - Inflammatory (Tophus/Abscess)

- BONE**
- Arthritis (HAV/Hammer Toe/DJD/RA)
  - Lytic/Destructive (Osteomyelitis/Neoplasm)
  - Other \_\_\_\_\_

- NAIL UNIT**
- Nail Unit Dystrophy (Onychomycosis/Trauma)
- Histopathology with PAS
  - PAS Only (Repeat Cases Only)
- Rule Out Neoplasia
- Pigmented Streak/Lesion (R/O Melanoma)
  - Non-Pigmented Lesion (Verrucous/Carcinoma)

- MICROBIOLOGY**
- Aerobic Culture
  - Anaerobic Culture
  - Fungus Culture
  - KOH Prep
  - AFB Culture

### Indicate Site with Specimen # 1 & # 2

Right

Left

