ROSWELL PARK CARE NETWORK

RPCI LABORATORIES
6420 Transit Road
Depew, NY 14043
Phone: 716-845-4510 Fax: 716-681-0490

Paul Bogner, MD
Medical Laboratory Director
CLIA#33D2261388

DERMATOPATHOLOGY REQUISITION

Clinical Office Information

Requesting Site:

Office Phone Number:

Office Fax Number:

Comments/Special Instructions: _____

_____

Patient Information

Patient Name: _____

DOB: _____ **Gender:** _____

Medical Record Number: _____

Date/Time Collected: _____

Specimen Collector: _____

SPECIMENS - Please use additional form(s) as needed

A SITE:_____

	Tangential	Additional History:
	Punch	
	Shave	
	Excision	

B SITE:_____

	Tangential	Additional History:
	Punch	
	Shave	
	Excision	

C SITE:_____

	Tangential	Additional History:
	Punch	
	Shave	
	Excision	

D SITE:_____

	Tangential	Additional History:
	Punch	
	Shave	
	Excision	

E SITE:_____

	Tangential	Additional History:
	Punch	
	Shave	
	Excision	

F SITE:_____

	Tangential	Additional History:
	Punch	
	Shave	
	Excision	

PLEASE ATTACH INSURANCE INFORMATION

Patient Authorization:
"I authorize RPCI Laboratories to bill my insurance for the testing requested above."

Name: _____ Relationship to patient: _____

Signature: _____ Date: _____

TEST REQUESTED BY

HEALTH CARE PROVIDER REQUESTING TEST

_____
Other Provider: (Please print name)

_____ _____
SIGNATURE DATE

FOR LAB USE ONLY

DATE RECEIVED: _____ TIME: _____

LAB ACC #: _____

COMMENTS: _____