| ACCESSION NUMBER (LABORATORY COMPLETES)             |                            | □RUSH                          | PATHOLOGY ASSOCIATES The Mount Sinai School of Medicine The Mount Sinai Laboratory 1428-30 Madison Avenue New York, New York 10029 (212) 241-0440  |                   |
|---|----------------------------|--------------------------------|--|-------------------|
|   |                            |                                |  |                   |
|   |                            |                                |  |                   |
|   |                            |                                |  |                   |
|   |                            |                                |  |                   |
| PATIENT NAME FIRST NAME                             | ne "RUSH" po               | LAST NAME                      | Paragraphic vertex results and results   | DATE OF BIRTH     |
| STREET  | APT.#                      |                                | HOME PHONE   |                   |
| CITY  | STATE                      |                                | nemico de la secultación de concentración de concentració |                   |
|   | 5=                         |                                |  | No hillocation at |
| MEDICARE #: MEDICARE PT MUST SIGN BACK OF THIS FORM | INDICATE RE 1919 A         |                                | ER INSURANCE #S:   | manneneum! !      |
|   |                            |                                |  | elistel) ici      |
| Clinical Diagnosis and Information                  |                            |                                | ANATOMIC DRAWING   | G/NOTES           |
|   |                            |                                | <ul> <li>Messonger Prok up Service</li> </ul>  |                   |
|   | EXTRA                      | 1.C / C P C /                  | Reports and information  |                   |
| 712) 241-2052                                       | KAT to 0867-3              | 212) 24                        | Formalin Bulbirk and Supplier Gyn Sawice   |                   |
| LMP (Date)  |                            | Hormone R                      | c  |                   |
| SITE OF SPECIMEN(S)                                 | CONTRACTOR OF THE STATE OF |                                | ASSIGNMENT OF SEMEN  |                   |
| A somo sensuani listeran a cure E 101s a. Misasa an |                            |                                | sibaM begreates to Transpag that   | t request t       |
| ants or Pathology Associate                         | arack veolod               |                                |  | enefits be ma     |
| C   | G                          | <u> </u>                       | To Specify Pathologist   | TO SECROES VID    |
| )   |                            | Att. Dr. sabled was eshortes I |  |                   |
|   |                            |                                |  |                   |

DO NOT WRITE BELOW THIS LINE