

## **CYPATH® LUNG REQUISITION**



CLIA: 45D1064267 CAP: 7221111

www.precisionpath.us P: 210-646-0890 F: 210-646-9191 Please affix bar codes to collection cup provided to patient in the CyPath® Lung Sputum Sample Collection Kit.

Laboratory Use Only:
Tech Initial:
Accession #:
Date/Time:

SPECIMEN N	O: 00000001		
CLIENT INFORMATION		PATIENT INFORMATION	
Practice or Facility Name:		Last Name:	
	Client ID # Sticker	First Name:	
Address:		Date of Birth:/ Male	
		Medical Record Number:	
Date:		Address:	
Requisition Completed By:		City: State: Zip:	
Ordering Physician:		Phone:	
Treating Physician:		CLINICAL INFORMATION	
Authorized Signature:		Clinical Diagnosis / Reason for Referral):	
Discharge Date (if applicable):			
BILLING INFORMATION		Smoking History Smoking Years: Pack Years:	
Private Insurance  Front & Back of Insurance	e Card Attached: Y	Quit Smoking (>15 years):	
Medicare ☐ Medicaid ☐ Self-Pay		ICD-10 Codes Dx1: Dx2:	
Hospital/Client (direct billing) □		LDCT or Imaging Report Attached: Y □ N/A □	
Name of Insurance Carrier:			
Name of Insured (guarantor):		SPECIMEN REQUIREMENTS	
Insurance Claims Address:		Sample Type: Sputum Test Name: CyPath® Lung	
City: State:_	Zip:	Required Amount	
Member ID: Group:		Patients collect sputum at home over 3 consecutive days; they may collect for more than 3 days if they do not see mucus secretions. The goal is to obtain sputum each day for a 3-day period. If the patient believes collection efforts have produced only saliva or spit, please try again later in the day, or collect for an additional 1-to-2 days to obtain sputum that consists of thick mucus secretions.	
Phone:			
SPECIMEN RETRIEVAL			
Patients will be instructed in how to collect their sputum return it using the FedEx Clinical Pak contained in the Sample Collection Kit.	n sample at home and CyPath® Lung Sputum	TEST ORDERING Clinical Pathology Consult	
Samples are received Monday-Saturday.		CyPath® Lung Flow Cytometry Analysis of Sputum for the Diagnosis of Solid Tumors	
For questions related to collection and shipment 1-855-MYLUNGS (1-855-695-8647).	i, please call	acapella® Airway Assist Device	

Shipping Tracking No.

last four digits: \_