

# NAIL REQUISITION

Phone: 503.906.7300 Fax: 503.245.8219

CTA Pathology  
 9750 SW Nimbus Ave  
 Beaverton, OR 97008

Specimen Data
Site (Please send fresh. Do not put specimen in formalin.)
Tests Requested <input type="checkbox"/> PAS for Fungus Detection (Nail Clippings) <input type="checkbox"/> Skin Biopsy, including Nail/Bed Matrix <input type="checkbox"/> PCR (Polymerase Chain Reaction) for Fungus Speciation

Submitting Physician (Name and Telephone)	Today's Date	Date of Collection ( <i>Required</i> )
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Patient Name (Last, First M) ( <i>fill in or attach information</i> )	Patient Date of Birth ( <i>Required</i> )	Sex M      F
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Patient Address (mailing: street or box, city, state, ZIP)	Patient Telephone
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Bill to: <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid/OMAP <input type="checkbox"/> Patient <input type="checkbox"/> Physician ( <i>fill in or attach information</i> )	
Primary Insurance	Secondary Insurance
Policy Holder's Name	Policy Holder's Name
ID/Group Numbers	ID/Group Numbers
Billing Address	Billing Address

Findings and Gross Descriptions
Clinical Findings
Gross (Lab use only) <input type="checkbox"/> Brown <input type="checkbox"/> Tan <input type="checkbox"/> Gray    _____ x _____ x _____ mm Specimen is: <input type="checkbox"/> Inked <input type="checkbox"/> Sectioned    Submitted: <input type="checkbox"/> Entirely <input type="checkbox"/> Partially