

## **General Pathology**

True Partners in Laboratory Diagnostics

## **Alliance Laboratories Southeast**

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| PATIENT INFORMATION                    |                                    |     |               |   |   | COL                              | COLLECTION INFORMATION |                     |  |
|--|------------------------------------|-----|---------------|---|---|----------------------------------|------------------------|---------------------|--|
| Last<br>Name                           |                                    |     | First<br>Name |   |   | Collec                           |                        |                     |  |
| Address                                |                                    |     |               |   | Apt #   |                                  |                        |                     |  |
|  |                                    |     |               | <b></b> -   | 7.45."  |                                  |                        | : am/pm             |  |
| City                                   | State                              |     |               | Zip<br>Code   |   |                                  | LAB                    | USE ONLY            |  |
| Phone                                  |                                    | Sex | Age           | DOB   |   | Case                             | #:                     |                     |  |
| Social Security # Medical Record #     |                                    |     |               |   |   | — Date                           | Date Received://       |                     |  |
| Social Security # Medical Record #     |                                    |     |               |   |   | Time                             | Time Received:         |                     |  |
| BILLING INFORMATION                    |                                    |     |               |   |   | Α                                | ACCOUNT INFORMATION    |                     |  |
| Name of Insured                        |                                    |     |               |   |   |                                  |                        |                     |  |
| Company Name                           |                                    |     |               |   |   |                                  |                        |                     |  |
| Street Address                         |                                    |     |               |   |   |                                  |                        |                     |  |
| City                                   | Dity Sta                           |     | State DOB     |   |   |                                  |                        |                     |  |
| Policy # Group #                       |                                    |     | oup #         |   |   |                                  |                        |                     |  |
| Medicare/ Referral # Medicaid #        |                                    |     | eferral #     |   |   |                                  |                        |                     |  |
|  |                                    | CLI | INICAL INFO   | RMATIO  | N/DIAGNOS   | IS                               |                        |                     |  |
| HISTOLOGY                              |                                    |     |               | CYTOLOGY  |   |                                  |                        |                     |  |
|  | HISTOLOGY                          |     |               |   |   | CYTOL                            | .OGY                   |                     |  |
| s                                      |                                    |     |               | Specimen: I   | Jrine   | СҮТОІ                            |                        | nen(s) Description: |  |
| s                                      | HISTOLOGY specimen(s) Description: |     |               |   | Jrine<br>d. Please check box.   |                                  |                        | nen(s) Description: |  |
| 1                                      |                                    |     |               |   | Jrine<br>1. Please check box.<br>+ Bladder Ca by<br>Chlamydia/Gond                            |                                  |                        | nen(s) Description: |  |
|  |                                    |     |               | □Cytology -<br>(VesicDX) +<br>□Cytology -   |   | FISH<br>orrhea                   | Specin                 | nen(s) Description: |  |
|  |                                    |     |               | □Cytology -<br>(VesicDX) +<br>□Cytology -<br>(VesicDX)                                    | + Bladder Ca by<br>Chlamydia/Gond<br>+ Bladder Ca by  | FISH<br>orrhea<br>FISH           |                        | nen(s) Description: |  |
| 1                                      |                                    |     |               | □Cytology -<br>(VesicDX) +<br>□Cytology -<br>(VesicDX)                                    | ⊦ Bladder Ca by<br>Chlamydia/Gond   | FISH<br>orrhea<br>FISH           | Specin                 |                     |  |
| 1<br>2                                 |                                    |     |               | □Cytology -<br>(VesicDX) +<br>□Cytology -<br>(VesicDX)                                    | + Bladder Ca by<br>Chlamydia/Gond<br>+ Bladder Ca by  | FISH<br>orrhea<br>FISH           | Specin                 | nen(s) Description: |  |
| 1<br>2                                 |                                    |     |               | □Cytology - (VesicDX) + □Cytology - (VesicDX) □Cytology -                                 | + Bladder Ca by<br>Chlamydia/Gond<br>+ Bladder Ca by  | FISH<br>orrhea<br>FISH<br>orrhea | Specin                 |                     |  |
| 1<br>2<br>3                            |                                    |     |               | □Cytology - (VesicDX) + □Cytology - (VesicDX) □Cytology -                                 | + Bladder Ca by<br>Chlamydia/Gond<br>+ Bladder Ca by<br>+ Chlamydia/Gonda<br>a by FISH (Vesic | FISH<br>orrhea<br>FISH<br>orrhea | 1                      |                     |  |
| 1                                      |                                    |     |               | □Cytology - (VesicDX) + □Cytology - (VesicDX) □Cytology - □Cytology □Bladder C □Chlamydia | + Bladder Ca by Chlamydia/Gond + Bladder Ca by + Chlamydia/Gond a by FISH (Vesica/Gonorrhea   | FISH<br>orrhea<br>FISH<br>orrhea | 1                      |                     |  |
| 1.       2.       3.       4.          | pecimen(s) Description:            |     |               | □Cytology - (VesicDX) + □Cytology - (VesicDX) □Cytology - □Cytology □Bladder C □Chlamydia | + Bladder Ca by<br>Chlamydia/Gond<br>+ Bladder Ca by<br>+ Chlamydia/Gonda<br>a by FISH (Vesic | FISH<br>orrhea<br>FISH<br>orrhea | 1                      |                     |  |
| 1.       2.       3.       4.          |                                    |     |               | □Cytology - (VesicDX) + □Cytology - (VesicDX) □Cytology - □Cytology □Bladder C □Chlamydia | + Bladder Ca by Chlamydia/Gond + Bladder Ca by + Chlamydia/Gond a by FISH (Vesica/Gonorrhea   | FISH<br>orrhea<br>FISH<br>orrhea | 1                      |                     |  |
| 1.       2.       3.       4.       5. | pecimen(s) Description:            |     |               | □Cytology - (VesicDX) + □Cytology - (VesicDX) □Cytology - □Cytology □Bladder C □Chlamydia | + Bladder Ca by Chlamydia/Gond + Bladder Ca by + Chlamydia/Gond a by FISH (Vesica/Gonorrhea   | FISH<br>orrhea<br>FISH<br>orrhea | 1                      |                     |  |
| 1.       2.       3.       4.       5. | pecimen(s) Description:            |     |               | □Cytology - (VesicDX) + □Cytology - (VesicDX) □Cytology - □Cytology □Bladder C □Chlamydia | + Bladder Ca by Chlamydia/Gond + Bladder Ca by + Chlamydia/Gond a by FISH (Vesica/Gonorrhea   | FISH<br>orrhea<br>FISH<br>orrhea | 1                      |                     |  |

Non-Medicare Patients: I hereby authorize Alliance Laboratories to furnish my designated insurance carrier with the information on this form if necessary for reimbursement. I also authorize benefits to be payable to Alliance Laboratories. I understand that I am responsible for any amount not paid by insurance for reasons including, but not limited to, non-authorized services. I permit a copy of this authorization to be used in place of the original.