



# The Delta Pathology Group, L.L.C.

<b>Alexandria</b> 211 Fourth St. Alexandria, LA 71301 318-769-____ Tel 318-769-3____ Fax	<b>Lafayette</b> 4801 Ambassador Caffery Lafayette, LA 70508 337-470-4____ Tel 337-470-4051 Fax	<b>Monroe</b> 309 Jackson St. Monroe, LA 71201 318-966-4105 Tel 318-966-4423 Fax
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<b>Greater New Orleans</b> 1141 Whitney Ave. Bldg 3 Gretna, LA 70056 504-361-3757 Tel 504-361-3132 Fax	<b>Shreveport</b> 2915 Missouri Ave. Shreveport, LA 71109 318-621-8820 Tel 318-212-4189 Fax
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**Toll Free:**  
**1-800-530-5088**

## BREAST PATHOLOGY

### PATIENT INFORMATION

### BILLING INFORMATION

<b>Last Name</b>	<b>First</b>	MI
Address		
City	State	ZIP
Social Security Number		
Medical Record Number	Phone Number	
<b>Date of Birth</b>	___ Male	___ Female
<b>Physician Last Name, First, MI</b>		
Additional Report To:		
Nurse		

<b>BILL TO:</b> ___ Patient ___ Medicare ___ Medicaid ___ Other		
Subscriber Name	Primary Care Physician	
Medicare Number	Suffix(es)	
Medicaid Number	State	
Policy Number	Group Number	
Primary Insurance Company		
Address		
Secondary Insurance Company	Policy Number	Group number
Address		

### REQUIRED INFORMATION

<b>COLLECTION DATE</b>	ROOM # (IF USED)	<b>SURGICAL EXCISION TIME</b>	<b>TIME PLACED IN FORMALIN</b>
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### REQUEST FOR BREAST PATHOLOGY EXAMINATION

### CLINICAL INFORMATION

___ GROSS AND MICROSCOPIC EXAM	___ FLOW CYTOMETRY
___ FROZEN SECTION	___ GROSS EXAM ONLY
___ OTHER _____	

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### SPECIMEN(S) SUBMITTED

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

### CLINICAL DIAGNOSIS / PATIENT HISTORY

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### LAB USE ONLY | FS DIAGNOSIS:

**No. of Containers Submitted**

**LAB USE ONLY – ACCESSION NO.**

INITIALS

H&E QC Acceptable \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Cryostat temp \_\_\_\_\_

The results of the Frozen Section examination were reported to the physician listed above on today's date at the time indicated.