


OFFICE: PLEASE COMPLETE ALL SHADED AREAS

 (541) 382-3534
 Centro
 LABOR SOLUTIONS

FORM COPC-09 5/15

HEMATOPATHOLOGY		
QTY.	CPT	DESCRIPTION
	88305	BONE MARROW CLOT/CORE
	85097	BONE MARROW SMEAR INTERP
	85060	PERIPHERAL SMEAR INTERP
	88313	SPECIAL STAINS
	88342	IHC QUALITATIVE
	88341	IHC QUALITATIVE (ADDTL)
	88360	IHC QUANTITATIVE
	88189	FLOW CYTOMETRY INTERP
	88311	DECALCIFICATION
RECEIVED		
NO. GREEN TOPS		
NO. PURPLE TOPS		
BONE MARROW CLOT <input type="checkbox"/> (A)		
BONE MARROW CORE <input type="checkbox"/> (B)		
NO. BONE MARROW SMEARS		
NO. PERIPHERAL SMEARS		
OTHER		
PATHOLOGY ICD-10 CODE		

		P: 541-382-7696 F: 541-389-5723 1348 NE CUSHING DR. BEND, OR 97701
PATIENT NAME - LAST		FIRST M.I.
DATE OF BIRTH		
ADDRESS		
CITY		STATE ZIP
INSURANCE COMPANY		
GROUP NO.		IDENTIFICATION NUMBER
FACILITY PLEASE CHECK ONE		ACCESSION NO.
<input type="checkbox"/> S.C. MEDICAL ONCOLOGY - BEND <input type="checkbox"/> S.C. MEDICAL ONCOLOGY - REDMOND <input type="checkbox"/> BMC <input type="checkbox"/> OTHER FACILITY		
COLLECTION DATE		PHYSICIAN(S)
ICD-10		COPY TO
TESTING		
<input type="checkbox"/> FLOW CYTOMETRY		<input type="checkbox"/> CYTOGENETICS
FISH		PCR
<input type="checkbox"/> MDS <input type="checkbox"/> CLL <input type="checkbox"/> PLASMA CELL		<input type="checkbox"/> BCR/ABL <input type="checkbox"/> JAK2 <input type="checkbox"/> JAK2 EXON 12 <input type="checkbox"/> NPM1
<input type="checkbox"/> CHIMERISM <input type="checkbox"/> OTHER		<input type="checkbox"/> FLT3 <input type="checkbox"/> CEBPA <input type="checkbox"/> OTHER
CLINICAL INFORMATION		

HEMATOPATHOLOGY CHARGE