PAPS
Preferred Anatomic Pathology Services

TEL: 337-289-7679
FAX: 337-289-7680

TISSUE EXAMINATION REQUEST

PATIENT DEMOGRAPHICS

Last | First

SS# | Sex | DOB

Address

City | State | Zip

Home Phone | Work Phone

Insurance Type:

☐ Medicare ☐ Medicaid ☐ Private ☐ Self Pay

Policy #:

Insurance Co. Name / Address

Insured Name

Relationship to Insured

REQUESTING PHYSICIAN

DATE OF COLLECTION

ACCESSION NUMBER

Pre-Op Diagnosis

Clinical History

SPECIMEN

1

2

3

4

5