

# NAIL REQUISITION

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<b>Specimen Data</b>
Site (Please send fresh. Do not put specimen in formalin.)
<b>Test Requested</b>
<input type="checkbox"/> <b>Complete Fungal Analysis</b> (Nail Clippings)
<input type="checkbox"/> <b>Skin Biopsy, including Nail/Bed Matrix</b>

<b>Submitting Physician</b> (Name and Telephone)	<b>Today's Date</b>	<b>Date of Collection</b> ( <i>Required</i> )
<b>Patient Name</b> (Last, First M) ( <i>fill in or attach information</i> )	<b>Patient Date of Birth</b> ( <i>Required</i> )	<b>Sex</b>  <b>M      F</b>
<b>Patient Address</b> (mailing: street or box, city, state, ZIP)		<b>Patient Telephone</b>

<b>Bill to:</b> <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> )	
<b>Primary Insurance</b>	<b>Secondary Insurance</b>
Policy Holder's Name	Policy Holder's Name
ID/Group Numbers	ID/Group Numbers
Billing Address	Billing Address

<b>Findings and Gross Descriptions</b>
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