Federal Procurement Requisition for CyPath® Lung

PRECISION PATHOLOGY LABORATORY
"A Spirit of Excellence"

PPLS Use Only:
Tech Initial: _____
Result ID: _____
Date/Time: _____

PPLS Accessioning Department Only

PATIENT INFORMATION

Last Name	First Name	M.I.
Street Address		Apt. #
City	State	Zip
Patient Phone	Patient SSN	
Date of Birth / Age / Sex	Client ID #	

BILLING

Federal Supply Schedule
Contract # 36F7972900005
SIN 621 - INP

ICD-10 CODE (REQUIRED)

- ☐ R91.1 Solitary Pulmonary Nodule
- ☐ R91.8 Other non-specific abnormal finding of lung field
- ☐ Other ICD-10 Codes _____

CyPath Lung TESTING

- ☐ CyPath® Lung with Acapella® Airway Assist Device
  CPT Code 0406U, E0484
- ☐ CyPath Lung only CPT Code 0406U (Retest)
- ☐ Acapella Airway Assist Device only CPT Code E0484

CyPath Lung Collection Kit

- ☐ Kit provided to patient IN OFFICE
- ☐ Kit to be SHIPPED to patient
- ☐ Confirm patient address listed above. If different, enter below

Shipping Address	Apt. #
City / State	Zip

Physician's Office Instruction

- ☐ **Write patient name and date of birth on specimen cup if providing patient kit direct**
- ☐ Provide patient with collection card and patient coach information. **Patient Coach will reach out to patient to train and schedule 3-day collection plan listed below.**

3 Day Collection Plans:

- Sunday, Monday, Tuesday
- Monday, Tuesday, Wednesday
- Tuesday, Wednesday, Thursday
- Saturday, Sunday, Monday

Ship MORNING of last day of collection

CLIENT INFORMATION

Facility: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

Treating Physician	UPIN #

Physician's Signature X_____

Send Duplicate of Report to:

Name _____

Address/Fax _____

CLINICAL HISTORY (REQUIRED)

Smoking History:

Smoking Years: _____ Pack Years: _____

Quit Smoking (>15 years): ☐ Yes ☐ No

Low-dose CT or Imaging available

☐ Yes ☐ No

If yes, please attach copy.

NOTES:

☐ No Acapella® Airway Assist Device Provided

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_____

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Precision Pathology Laboratory Services
3300 Nacogdoches Road #110 | San Antonio, TX 78217
Our hours of operation are **Monday–Friday 8:00am to 6:00pm (CST).** To reach our laboratory, please call **210-646-0890**

Please email completed requisition to reference@precisionpath.us or fax to 210-962-3497 Please write patient name and date of birth on specimen cup

GSA® Contract Holder
Contract # 36F79725D0005