



West Coast Pathology Laboratories

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LAB ID NUMBER CLF 4407
CLIA ID NUMBER: 05D0887574
PROVIDER NUMBER: ZZZ26324Z

www.wcpl.com
1-800-794-9737

REQUESTING PHYSICIAN

Empty box for requesting physician information.

LAST NAME
FIRST NAME
DATE COLLECTED

Empty box for patient name and date collected.

COPY TO: NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

BIRTHDATE _____ GENDER MALE FEMALE

ADDRESS _____ PHONE# () _____

CITY _____ STATE _____ ZIP _____

ICD9 CODE/DIAGNOSIS _____

BILL: INSURANCE PATIENT FACILITY

PLEASE ATTACH A COPY OF PRIMARY AND SECONDARY INSURANCE CARDS (FRONT & BACK)

TEST REQUESTED

PODIATRIC PATHOLOGY

- TOENAIL - PAS ONYCHOMYCOSIS (FORMALIN)
- SKIN BIOPSY - ALL TYPES (FORMALIN)
- SKIN - CHECK FOR FUNGUS (FORMALIN)
- BONE BIOPSY (FORMALIN)
- WOUND - TEST FOR MRSA (DOUBLE SWAB)
- OTHER SITE:

SITE / PROCEDURE:

Large empty box for site/procedure details.

LEFT

RIGHT



LABORATORY USE ONLY

Large empty box for laboratory use only.