

Skin Pathology Associates, LLC

Packaging and Handling Instructions for Transportation of Biopsies:

- Write the patient's name and site location on the peel-off labels located at the bottom of the requisition. Place a label on each container. The letters (A, B, C, D, E) on the labels should correlate with the itemized clinical biopsy site(s) listed on the requisition.
- Fill out all patient demographics on the Skin Pathology requisition. You may choose to photocopy the patient's driver's license and insurance card so that you do not have to hand write all the information.
- After completing the requisition, fold it in half with the writing to the outside. Place it in the outside pouch of a small specimen bag. Place all labeled containers from an individual patient in the same specimen bag and seal closed. Only one patient's biopsies per small bag, please.
- Place all small bags into a large specimen bag along with the white copy of the log sheet and seal closed. Please keep the yellow copy of the log sheet for your records until reports on all listed patients are received.
- Place large specimen bag into the lock box and seal closed.

GENERAL INSTRUCTIONS FOR OFFICE STAFF:

Please write the patient's name and the number of specimen bottles submitted. Be sure to put your practice or physician's name at the top of the sheet. Also, sign your first name and add the date in the space provided in the lower, left-hand corner. See back of your yellow copy for packaging and handling instructions for transportation to the laboratory. For questions contact our Customer Service, pathologist, or Histology Manager at 888-539-0856 or 202-949-2800.

Physician's Office	Released By:	Received By:	Histology Staff
_____	_____	_____	_____
Date & Time	Date & Time	Date & Time	Date & Time
_____	_____	_____	_____



LOG SHEET

SKIN PATHOLOGY
Associates, LLC

205-949-2800
866-559-0656

FROM THE OFFICE OF: _____

FULL NAME OF PATIENT	# BOTTLES	COMMENTS	REPORT RECEIVED
1-			
2-			
3-			
4-			
5-			
6-			
7-			
8-			
9-			
10-			
11-			
12-			
13-			
14-			
15-			
16-			
17-			
18-			
19			
20-			

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Released By: _____

Received By: _____

Received BY: _____

Physician's Office

Courier

Histology Staff

Date & Time

Date & Time

Date & Time