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## Surgical Requisition

### Physician Information

### Patient Information

Patient Name: \_\_\_\_\_  
(Last Name, First Name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone#: \_\_\_\_\_

Gender:  Male  Female SS#: \_\_\_\_\_

### Requesting Physician's Signature

X \_\_\_\_\_

### Collection Information

Collection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ am/pm

Collection Site:  Office  Home  ASC  Urgent Care  Hospital

### Billing Information (Please attach copies of all cards, front and back)

**PRIMARY**  Billing Information Attached

Medicare  Medicaid  Other Insurance  Self Pay  Bill Ordering Physician

Insurance Carrier: \_\_\_\_\_ Policy/ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

**SECONDARY**

Medicare  Medicaid  Other Insurance  Self Pay  Bill Ordering Physician (no ins. info needed)

ICD-10 CODE(S): \_\_\_\_\_

(See list on reverse side for references)

### Clinical Information

### Specimen Submitted

Biopsy Site (Laterality)	Clinical Diagnosis	ICD-10 Code(s)
A <input type="checkbox"/> L <input type="checkbox"/> R		
B <input type="checkbox"/> L <input type="checkbox"/> R		
C <input type="checkbox"/> L <input type="checkbox"/> R		
D <input type="checkbox"/> L <input type="checkbox"/> R		
E <input type="checkbox"/> L <input type="checkbox"/> R		
F <input type="checkbox"/> L <input type="checkbox"/> R		

**Patient Consent:** I authorize payment to be paid to A2Z Diagnostics, LLC shown above for laboratory testing benefits otherwise payable to me. I understand I am financially responsible to A2Z Diagnostics, LLC for charges not paid or payable under my insurance program attached. I understand that my insurance may not be able to honor this request. If they cannot, they will pay the benefits directly to me as the insured and will direct the payment to A2Z Diagnostics, LLC.

**Patient Signature:** \_\_\_\_\_



**A** Name: \_\_\_\_\_  
Site: \_\_\_\_\_



**C** Name: \_\_\_\_\_  
Site: \_\_\_\_\_



**E** Name: \_\_\_\_\_  
Site: \_\_\_\_\_



**B** Name: \_\_\_\_\_  
Site: \_\_\_\_\_



**D** Name: \_\_\_\_\_  
Site: \_\_\_\_\_



**F** Name: \_\_\_\_\_  
Site: \_\_\_\_\_

SURGICAL DIAGNOSIS	ICD-10	DIAGNOSIS DESCRIPTION
<b>TONSILS</b>		
Chronic tonsillitis	J35.01	Chronic tonsillitis
<b>SKIN</b>		
Seborrheic keratosis	L82.1	Other seborrheic keratosis
Uncertain	D48.5	Neoplasm of uncertain behavior of skin
<b>GALLBLADDER</b>		
Cholelithiasis with cholelithiasis	K80.19	Calculus of gallbladder with other cholecystitis with obstruction
<b>GI</b>		
Small bowel polyp	D13.30	Benign neoplasm of unspecified part of small intestine
Large colon polyp	D12.6	Benign neoplasm of colon, unspecified
Gastritis	K29.60	Other gastritis without bleeding
Acute appendicitis	K35.80	Unspecified acute appendicitis
<b>BREAST</b>		
Carcinoma female	C50.91*	Malignant neoplasm of breast of unspecified site, female
Fibrocystic	N60.3*	Fibrosclerosis of breast (RT-1, LT-2, unspecified-9)
Microcalcifications	N64.89	Other specified disorders of breast
<b>GENITOURINARY</b>		
Cervicitis	N72	Inflammatory disease of cervix uteri
Proliferative endometrium	N92.6	Irregular menstruation, unspecified
Ovary cyst	N83.0	Follicular cyst of ovary
Cervix DCIS	D06.*	Carcinoma in situ of cervix (endocervix D06.0, exocervix D06.1, other parts of cervix D06.7, in situ of cervix unspecified D06.9)
Cervix dysplasia CIN I	N87.0	Mild cervical dysplasia
Missed abortion	O02.1	Missed abortion
Unspecified disorder of prostate	N42.9	Disorder of prostate, unspecified
Uterine leiomyoma	D25.*	Leiomyoma of uterus (Submucous D25.0, Intramural D25.1, Subserosal D25.2)
<b>ESOPHAGUS</b>		
Esophagitis	K20.9	Esophagitis, unspecified
Barrett's	K22.70	Barrett's esophagus without dysplasia
<b>THYROID</b>		
Chronic lymphocytic thyroiditis	E06.3	Autoimmune thyroiditis
Thyroid nodule	E04.1	Nontoxic single thyroid nodule
<b>OTHER</b>		
Osteoarthritis - dj/arthritis knee	M17.10	Unilateral primary osteoarthritis, unspecified knee
Inguinal hernia	K40.90	Unilateral inguinal hernia, without obstruction or gangrene, not specified as recurrent

\*Requires additional character