



TOPA Diagnostics

351 Rolling Oaks Drive, #100, Thousand Oaks, CA 91361 (805) 373-8582

DIRECTORS
WAYNE M. SCHULTHEIS, M.D.
EDWARD I. BLACKMAN, M.D.
REGINA P.C. SINGSON, M.D.
J. JAMES YIN M.D., Ph. D.
DANIELLE E. WESTFALL, M.D.

DATE COLLECTED

BREAST CORE BIOPSY / CYTOLOGY REQUISITION

REFERRED BY

[Empty box for Referred By]

PATIENT INFORMATION

LAST NAME FIRST NAME INITIAL

ADDRESS

CITY STATE ZIP REQUIRED

SOCIAL SECURITY NUMBER AREA CODE PHONE

AGE SEX BIRTH DATE

(Please send photocopy of insurance card, both sides.)

- BILL INSURANCE BILL PATIENT
- BILL MEDICARE BILL MEDI-CAL

Copies to additional physician (print full name):

ICD-10 Codes:

- Confirm that requisition and bottle are labeled identically as described below.
- Formalin fixation times are required per CAP/ASCO guidelines.

SPECIMEN #1. [] Breast [] Lymph Node [] Right [] Left

Location: _____ o'clock position, _____ cm from nipple
[] with calcifications [] without calcifications

History/Imaging Findings: _____ OR same as Specimen # _____

- Type of Biopsy: [] Stereotactic [] US-guided [] MRI-guided
- Reason for Biopsy: [] Calcifications [] Mass [] Asymmetry [] Non-mass Enhancement
- Clinical Suspicion: [] Low [] Intermediate [] High
- Size Estimate from Imaging: _____ Additional Comments: _____

Time taken out of patient	Time placed in 10% formalin	LAB USE ONLY	
		Sections	Cassettes

SPECIMEN #2. [] Breast [] Lymph Node [] Right [] Left

Location: _____ o'clock position, _____ cm from nipple
[] with calcifications [] without calcifications

History/Imaging Findings: _____ OR same as Specimen # _____

- Type of Biopsy: [] Stereotactic [] US-guided [] MRI-guided
- Reason for Biopsy: [] Calcifications [] Mass [] Asymmetry [] Non-mass Enhancement
- Clinical Suspicion: [] Low [] Intermediate [] High
- Size Estimate from Imaging: _____ Additional Comments: _____

Time taken out of patient	Time placed in 10% formalin	LAB USE ONLY	
		Sections	Cassettes

SPECIMEN #3. [] Breast [] Lymph Node [] Right [] Left

Location: _____ o'clock position, _____ cm from nipple
[] with calcifications [] without calcifications

History/Imaging Findings: _____ OR same as Specimen # _____

- Type of Biopsy: [] Stereotactic [] US-guided [] MRI-guided
- Reason for Biopsy: [] Calcifications [] Mass [] Asymmetry [] Non-mass Enhancement
- Clinical Suspicion: [] Low [] Intermediate [] High
- Size Estimate from Imaging: _____ Additional Comments: _____

Time taken out of patient	Time placed in 10% formalin	LAB USE ONLY	
		Sections	Cassettes

CYTOLOGY BREAST SPECIMENS: Indicate site, fixative and any other features

Submitted in: Alcohol CytoLyt No fixative Other

Body site	Slides	Fluid