AVERO™

BREAST PATHOLOGY REQUISTION

BR10000

Client Services: 1-877-232-9924

PATIENT INFORMATION

Patient Name (Last, First, MI)

SSN	DOB	Sex M / F

Address

City	State	ZIP

PHYSICIAN INFORMATION

Physician Signature (REQUIRED)

PATIENT INSURANCE INFORMATION

Primary Insurance ☐ Medicare ☐ Ins. ☐ Patient ☐ Client Bill

Secondary Insurance ☐ Medicare ☐ Medicaid ☐ Insurance

Did you attach a copy of the Insurance Card(s) or Demographic sheet ? ☐ YES

INSURANCE NAME & POLICY # HERE

SPECIMEN INFORMATION

Collection Date: _____ Collection Time: _____

Time (Bx to Fixative): _____

DIAGNOSTIC INFORMATION (ICD-10)

Check All that Apply

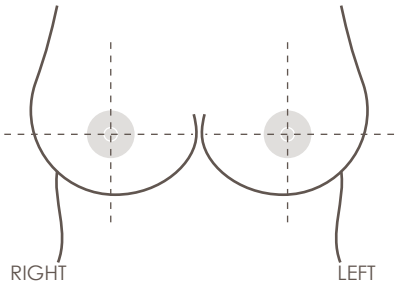
☐	N63.0 Unspecified Lump in Breast, Unspecified Breast
☐	N63.1 Unspecified Lump in the Right Breast
☐	N63.2 Unspecified Lump in the Left Breast
☐	D24. Benign Neoplasm of the Right Breast
☐	D24.2 Benign Neoplasm of the Left Breast
☐	R92.0 Mammographic Microcalcification Found on Diagnostic Imaging of Breast
☐	Other _____

SURGICAL PROCEDURE

- ☐ Sono - Guided Vacuum - Assisted Biopsy, _____g Cores
- ☐ Stereo - Guided Vacuum - Assisted Biopsy, _____g Cores
- ☐ MRI - Guided Vacuum - Assisted Biopsy, _____g Cores
- ☐ Core Needle Biopsy
- ☐ Lumpectomy/Excisional Biopsy
- ☐ Fine Needle Aspiration (FNA)/Cyst Aspiration
- ☐ HALO™ Breast Pap Test
- ☐ Other _____

PERTINENT CLINICAL INFORMATION

CLINICAL DIAGRAM
(Mark Location of Biopsy(s))



ACR Category:

TEST OPTIONS

*Diagnoses of invasive carcinoma will be tested for ER,PR,Ki-67, p53 & HER-2 by immunohistochemistry(IHC)

*Diagnoses of DCIS will be tested for ER & PR.

*Additional testing at physician request:

- ☐ PathVysion (HER-2 FISH) Only
- ☐ Other_____

SPECIMEN INFORMATION (Anatomic Origin of Specimen)

1. _____ Breast, _____ , _____ CMFN	☐ Sono ☐ Stereo ☐ MRI ☐ FNA
2. _____ Breast, _____ , _____ CMFN	☐ Sono ☐ Stereo ☐ MRI ☐ FNA
3. _____ Breast, _____ , _____ CMFN	☐ Sono ☐ Stereo ☐ MRI ☐ FNA

SPECIMEN LABELS

BR10000

The labels found below are for the purpose of identifying the specimens with this requisition. Please affix to the side of each specimen vial you are submitting.

BR10000 1._____Breast, _____ , _____CMFN	☐ Sono ☐ Stereo ☐ MRI ☐ FNA
BR10000 2._____Breast, _____ , _____CMFN	☐ Sono ☐ Stereo ☐ MRI ☐ FNA
BR10000 3._____Breast, _____ , _____CMFN	☐ Sono ☐ Stereo ☐ MRI ☐ FNA

Physician Notice – Medicare will only pay for medical necessity testing supported with a symptomatic diagnosis. Medicare patients should sign the Advance Beneficiary Notice of Noncoverage (ABN) on the back of the requisition.

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AVERO™

Dallas Laboratory: 6221 Riverside Drive, Suite 119, Irving, TX 75039
Lubbock Laboratory: 410 North Utica Avenue, Lubbock, TX 79416
www.averodx.com • 877-232-9924

Notifier:

Patient Name: **Identification Number:**

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for **laboratory tests** below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **laboratory tests** below.

Laboratory Tests	Reason Medicare May Not Pay:	Estimated Cost:

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **laboratory tests** listed above.
  Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you.

☐ **OPTION 1.** I want the **laboratory tests** listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the **laboratory tests** listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the **laboratory tests** listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

Signature:	Date:

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