



Policy and Procedures Manual

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Introduction

About Us

KDL Pathology/Convergent Laboratories is a comprehensive, full-service CAP Accredited anatomic pathology laboratory.

We utilize state-of-the-art laboratory technology, and affiliate with only the finest, accredited and experienced pathologists and consultants.

KDL Pathology/Convergent Laboratories/Convergent Laboratories has its' headquarters in beautiful Knoxville, Tennessee.

Mission Statement

Our mission is to provide our clinicians and their patients with world-class professional laboratory services. We do this by working closely and personally with our providers in the diagnosis and treatment of their patients. In this way, we strive to enable better patient outcomes and create greater medical efficiencies.

Administration

Compliance

It is KDL Pathology/Convergent Laboratory's policy to comply with regulations, guidelines, and statutes to which clinical laboratories must adhere. The laboratory testing site is regularly monitored to safeguard against unintentional violations of federal compliance guidelines. Any compromise or violation of such regulations should be reported to KDL Pathology/Convergent Laboratories:

114 Lovell Road
Suite 202
Knoxville, TN 37934
Phone: 865-584-1933
Fax: 865-584-1323

Accreditation And Licensure

KDL Pathology/Convergent Laboratories maintains a current CLIA number 44D092731 with the U.S. Department of Health and Human Services & Centers for Medicare & Medicaid Services (CMS) and College of American Pathologists number 6845601.

Privacy Policy (HIPAA)

Protected Health Information (PHI) may be disclosed in the course of the treatment, payment, and healthcare operations. KDL Pathology/Convergent Laboratories is responsible for ascertaining the identity of the person we are releasing results to. This process ensures that we are complying with the federal privacy laws under the Health Insurance Portability and Accountability Act (HIPAA). Healthcare providers requesting Protected Health Information (PHI) to treat a patient are required to provide information to our staff to ensure their identity. We will request the physician's name and National Physician Identifier (NPI) or Client Number. These are not exclusive and other identifiers such as accession number of the test result may be given.

To ensure the appropriate release of Protected Health Information (PHI) in compliance with HIPAA we have adopted the following practices:

- ✓ Release of Results Verification Number, or
- ✓ Accession identification number, or
- ✓ Client account number, or
- ✓ Client accession identification number interfaced to, or
- ✓ Identification by authorized individual that they are, in fact, the referring physician identified on the requisition via the NPI number.

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS
KNOXVILLE DERMATOPATHOLOGY LABORATORY
315 ERIN DRIVE
KNOXVILLE, TN 37919

CLIA ID NUMBER
44D0927231

EFFECTIVE DATE
08/03/2021

LABORATORY DIRECTOR

EXPIRATION DATE
08/02/2023

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Monique Spruill
Monique Spruill, Director
Division of Clinical Laboratory Improvement & Quality
Quality & Safety Oversight Group
Center for Clinical Standards and Quality

114 Cert2_070621

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE
HISTOPATHOLOGY (610)	08/03/1999
ORAL PATHOLOGY (620)	08/03/1999
CYTOGENETICS (900)	07/09/2015

LAB CERTIFICATION (CODE)	EFFECTIVE DATE
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COLLEGE of AMERICAN
PATHOLOGISTS



The College of American Pathologists
certifies that the laboratory named below

Knoxville Dermatopathology Laboratory
main laboratory
Knoxville, Tennessee

CAP Number: 6845601
AU-ID: 1191306
CLIA Number: 44D0927231

has met all applicable standards for accreditation and is hereby accredited by the
College of American Pathologists' Laboratory Accreditation Program. Reinspection
should occur prior to January 8, 2022 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership,
or location and assumes that all interim requirements are met.

Chair, Accreditation Committee

President, College of American Pathologists

KDL PATHOLOGY/CONVERGENT LABORATORIES

CONTACT LIST:

MEDICAL DIRECTOR

Paul Kaplan, D.O. – pathologypaul@gmail.com – 423-834-4752

FRONT OFFICE AND CLIENT SERVICES

Pam Hunley – *Front Office Supervisor and Client Services* – PHunley@kdlpathology.com
865-584-1933

BILLING QUESTIONS

Shannon Aiuto – *Billing Manager* – SAiuto@kdlpathology.com
865-888-4749

IT SERVICES

Sean Giles – *IT Services/Specimen Accessioner* – SEGiles@kdlpathology.com
865-584-1933

ADMINISTRATION

Meghan Dickinson – *Operations Manager* – MDickinson@kdlpathology.com
865-281-1760

General inquiries can be emailed to: FrontOffice@kdlpathology.com

P: (865) 584-1933 F: (865) 584-1323

PROFESSIONAL SERVICES:

KDL Pathology/Convergent Laboratories has partnered with Diagnostic Pathology Services, a large pathology team located nearby in Chattanooga, Tennessee.



Paul Kaplan, D.O., Medical Director

Board Certification:

Anatomic and Clinical Pathology

Anatomic and Clinical Pathology Residency:

University of Missouri, Columbia, MO



Erin S. Thibault, M.D., Dermatopathologist

Board Certification:

Anatomic and Clinical Pathology

Dermatopathology

Anatomic and Clinical Pathology Residency:

Medical College of Virginia Health System, Richmond, VA

Dermatopathology Fellowship:

University Of Virginia, Charlottesville, VA



Dr. Karyn Prenshaw, M.D., Dermatopathologist

Board Certification:

Anatomic Pathology and Dermatopathology

Anatomic and Clinical Pathology Residency:

University of Tennessee Medical Center, Knoxville, TN

Dermatopathology Fellowship:

University of Virginia Health System, Charlottesville, VA

In addition to Dermatopathology, through our partnership with Diagnostic Pathology Services, KDL Pathology/Convergent Laboratories will add depth of expertise. Diagnostic Pathology Services has a broad range of board certified, fellowship-trained pathologists with expertise in specialties including cytopathology, immunopathology, hematopathology, breast, gastrointestinal, hepatobiliary, pulmonary, gynecological, genitourinary, prostate, ophthalmic, podiatric, oral/head and neck, and molecular pathology. This will allow us to broaden our test menu and provide a large range of services to our clients, old and new. Please visit DPS' website at www.diagnosticpathologyservices.com for more information!

SPECIMEN SHIPPING INSTRUCTIONS

SHIPPING REQUIREMENTS CHECKLIST

- Is the sample collection log complete?
- Is the requisition form completed?
- Is the specimen labeled with two identifiers?
- Are copies of insurance cards included?
- Is the authorization to bill insurance signed? *(this is unnecessary for client bill/slide prep)*

- An example tracking label is shown on the right

- Permanent clients will be shipped pre-addressed labels
- Tracking numbers can be peeled off the label for your facility's records or posted onto the Specimen Tracking Log

QUESTIONS?

Call KDL Pathology/Convergent Laboratories: 865.584.1933

FEDEX

Locate a FedEx drop box:

- Visit <https://local.fedex.com/en-us/>
- Enter your zipcode
- Drop shipment off at nearest FedEx drop box or store

By phone:

- Call 1-800-463-3339
- Say "Schedule a pickup using my address"
- Choose the "ship using a label or stamp" option
- Enter the tracking # located on the shipping label
- Verify the address that the shipment is going to
- Schedule a time for the pickup

Scheduled Pickup:

- Contact FedEx Customer Service at 1.800.463.3339
- Request FedEx Express Automated Pickup
- A FedEx courier will come to your facility to pickup shipments only on the requested days

FedEx Label

FedEx Billable Stamp
Express (Use only for shipments within the U.S. Saturday delivery not available.)

1 From See optional release signature below
ORDER: 00856162
[Redacted Address]
PACKAGE WEIGHT (615) 695-5772

2 To Shipment will not be accepted if address below is altered.
CLIENT SERVICES
KDL PATHOLOGY
315 ERIN DRIVE
KNOXVILLE, TN 37919
(865) 584-1933

FedEx Priority Overnight
Next business morning by 10:58 a.m. Not available to all locations. Weekday delivery only. Please consult the current FedEx Service Guide for specific commitments.

NON-REDEEMABLE
Please see back for declared value information and important terms and conditions.

REF: 8101 4279 6793

Release Signature
For noncommercial deliveries.
→ Signatures this area. Please do not remove.

For FedEx Use Only
Employee Number
Date
Total Charges

Do not sign this label until you are ready to deliver this shipment without opening it. Signature and date are required and must be handwritten and legible.

fedex.com 1.800.GoFedEx 1.800.463.3339 M-4261 Rev. 12/17 Form ID 0661

KDL Pathology/Convergent Laboratories has a dedicated billing department to handle all patient billing questions. They are available Monday-Friday from 8 am to 5 pm EST.

Our billing department's number one focus is to do what is best for each individual patient. We know healthcare can be expensive, so we check each and every patient's benefits to make the most of what their insurance can provide and minimize patient financial responsibility.

If a patient does receive a statement, we are happy to work with the patients to set up payment plans and/or appeal to insurance on their behalf. We are legally obligated to maintain a collections agency; however, patients will only be sent to collections as a last resort. Patients will receive three statements and a final demand letter prior to consideration for collections activity.

Authorization to Bill Insurance *(not required for slide prep/TC/bill to client):*

We require that all patients sign a form authorizing us to bill to insurance. This form must accompany all patient requisitions and demographics *(see following page for example form – all forms within this manual will be provided during onboarding and at any time upon client request.)*



Knoxville Dermatopathology Laboratory (KDL)/Convergent Laboratories will generate and submit a claim to your primary and secondary insurance carrier(s). To ensure timely and accurate insurance filing, it is important that KDL receives or verifies **ALL** of your correct information which includes your address, telephone number, and valid insurance information at the time of service.

Information Required for Single or Dual Insurance Coverage:

- Health Plan Name
- Health plan address and telephone number or copy of insurance card (front & back)
- Subscriber / Membership name
- Subscriber / Membership ID number

Patient Responsibility

I understand and agree that I am financially responsible for all charges for any and all services rendered. This includes any medical tests, services and any other screening ordered by the doctor. I understand that while my insurance may confirm my benefits, confirmation of benefits is not a guarantee of payment and that I am responsible for any unpaid balance. I understand and agree that it is my responsibility to know if my insurance has any deductible, copay, co-insurance, out-of-network, usual and customary limit, prior authorization requirements or any other type of benefit limitation for the services I receive and I agree to make payment in full. I agree to inform the office of any changes in my insurance coverage. If my insurance has changed or is terminated at the time of service, I agree that I am financially responsible for the balance in full. If I am a Medicare patient, I understand that I need to provide the office both my Medicare ID card and my secondary ID card. If the office does not have the proper information for a secondary insurance, the secondary will not be billed. It will be my responsibility to pay the balance and then file a claim with the secondary for reimbursement. By signing this form, I consent to the use and disclosure of protected health information about me for treatment, payment, and/or as required by law. I have the right to revoke this Consent, in writing, signed by me. However, such revocation shall not affect any disclosures already made in compliance with my prior Consent. KDL Pathology/Convergent Laboratories provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Printed Patient Name

Patient or Guardian Signature

Date

Guardian Signature (if applicable)

Guardian Signature

Date

These rules are not created or enforced by KDL Pathology/Convergent Laboratories. They are determined by your specific medical insurance.

Self-Pay Patients:

Our self-pay fee schedule follows the most recent Medicare Fee Schedule for laboratory testing. Self-pay patient orders should be accompanied by the credit card authorization form. Other forms of payment cannot be accepted. Testing will not be completed until the credit card form is completed and on file, however, no payment will be processed until all testing is completed to ensure no patient is charged for a test that cannot be performed. *(see following page for example form – all forms within this manual will be provided during onboarding and at any time upon client request.)*

Bill to Clinic or TC only (slide prep clients):

In the event you choose to have testing billed directly to your facility, a credit card authorization form will be kept on file for billing purposes. Incomplete testing will not be charged. An itemized invoice will accompany the payment receipt detailing which patients and tests have been paid. This can be sent via mail, fax or secured email.



Self-Pay Credit Card Authorization Form

Clinic: _____ Physician: _____

Please complete all fields clearly.

Your card will be charged on the same day of your service and this authorization will remain in effect until cancelled.

Credit Card Information

Card Type: Master Card VISA Discover AMEX

Cardholder Name (as shown on card):

_____ Contact Phone Number:

_____ Email Address: _____

Card Number: _____

Expiration Date (mm/yy): _____ Security Code _____

Credit Card Billing Address:

_____ City:

_____ State: _____ Zip Code: _____

Patient Details

Name

DOB

Transaction Details

Test 1

\$

Test 2

\$

Test 3

\$

Total Charge: \$ _____

I, _____, authorize KDL Pathology/Convergent Laboratories to charge my credit card above for agreed upon self-pay laboratory fee. I understand that payment is processed on the date of service and the credit card information will be saved until I cancel the authorization.

Patient Signature Date

Billing Dept Initial Here _____

Date: _____

ONBOARDING AND ORDERING SUPPLIES

We will require all clients to have completed onboarding forms on file at KDL Pathology/Convergent Laboratories at all times. This allows us to ensure that our records are complete so that we are providing the best possible patient care and client service at all times. Supplies may be ordered by filling out the supply order form and faxing it or emailing it to the front office at

FrontOffice@kdlpathology.com or 865-584-1323 (see following pages for example forms – all forms within this manual will be provided during onboarding and at any time upon client request.)

SUPPLY ORDER FORM



TO PLACE ORDER:

Email this form to FrontOffice@kdlpathology.com or fax to (865) 584-1323

CONTACT INFO

Date: ____/____/____

Practice Name: _____

Address: _____

Phone: _____

Name of person submitting order form: _____

Please check off which supplies
your office needs from the
options below:

COLLECTION

- ☐ Formalin cups (small)
- ☐ Formalin cups (large) Other:
- ☐ _____

FORMS

- ☐ Requisitions (routine)
- ☐ Requisitions (IHC and SS)
- ☐ Specimen Logs
- ☐ Other: _____

PACKAGING

- ☐ Specimen bags
- ☐ Biohazard bags
- ☐ Shipping bags
- ☐ Fed Ex labels

Additional order requests/details:

Please note the following:

After placing your order, please allow 5-7 business days for standard shipping to receive your supplies, if you need a rush order please call our office after submitting the order form

KDL Pathology/Convergent Laboratories will contact you if we have any questions regarding your order

Facility Name: _____

Providers's Full Name: _____

Providers's NPI: _____

Provider's NPI must be a medical professional authorized to prescribe laboratory services

Facility Address: _____

City: _____ State: _____ Zip: _____

Phone: (____)____-____ Fax: (____)____-____

Office Contact Name: _____

Office Contact Phone Number: _____

Office Contact Email: _____

Laboratory Services

☐ Anatomic Pathology GLOBAL

☐ Anatomic Pathology TC ONLY

☐ Digital Slide Imaging

☐ PC coverage

☐ Other: _____

☐ Other: _____

☐ Other: _____

☐ Direct Immunofluorescence

☐ Other: _____

(Please check all that apply)

Logistical

Estimated Monthly Specimen Volume

+

Estimated Federal

(____%) Medicare (____%) Medicaid = 100% of Federal
(____%) Tricare _____

+

Estimated Cash Pay

=

Estimated Total Specimens

Specimen Pick-Up

Frequency: ☐ Daily ☐ 2-3/per week ☐ Weekly

Pick-up Day: ☐ MON ☐ TUE ☐ WED ☐ TH ☐ FR

Fed-Ex Shipments ☐

Specimen Reporting

Portal Email: _____

Portal set-up instructions will be sent to this email address

Secure Fax: _____

Secure Email Primary: _____

Secure Email Secondary: _____



114 Lovell Rd, Suite 202

Knoxville, TN 37934

Phone: (865) 584-1933

Fax: (865) 584-1323

FrontOffice@kdllpathology.com

ON-BOARDING FORM

Additional Providers or Facility Locations

Additional

Provider's Full Name: _____

Provider's Specialty: _____

Provider's NPI: _____

Provider's NPI must be a medical professional authorized to prescribe laboratory services

Facility Address, (if different than page 1): _____

City: _____ State: _____ Zip: _____

Phone: (____)____-____ Fax: (____)____-____

Office Contact Name: _____

Office Contact Phone Number: _____

Office Contact Email: _____

Provider's Full Name: _____

Provider's Specialty: _____

Provider's NPI: _____

Provider's NPI must be a medical professional authorized to prescribe laboratory services

Facility Address, (if different than page 1): _____

City: _____ State: _____ Zip: _____

Phone: (____)____-____ Fax: (____)____-____

Office Contact Name: _____

Office Contact Phone Number: _____

Office Contact Email: _____

Provider's Full Name: _____

Provider's Specialty: _____

Provider's NPI: _____

Provider's NPI must be a medical professional authorized to prescribe laboratory services

Facility Address, (if different than page 1): _____

City: _____ State: _____ Zip: _____

Phone: (____)____-____ Fax: (____)____-____

Office Contact Name: _____

Office Contact Phone Number: _____

Office Contact Email: _____

SPECIMEN SHIPPING INSTRUCTIONS

In order to confirm proper receipt of all patient specimens, a specimen log must be completed by our clients. This allows missing specimens to be caught very early in the process, ensuring excellent patient care. If your practice uses printed labels, please place an extra on the specimen log, otherwise please hand-write patient name. *Please indicate number of specimens per patient – ie: x2, x3, x4, etc.*

(This is an example form – all forms within this manual will be provided during onboarding and at any time upon client request.)



KDL Pathology Specimen Log Sheet

From the provider/facility of: _____

FOR MULTIPLE SPECIMENS PER PATIENT, PLEASE INDICATE X2, X3, X4, etc.

Tracking #: _____

Date Shipped: _____

ONE	TWO	THREE	FOUR
FIVE	SIX	SEVEN	EIGHT
NINE	TEN	ELEVEN	TWELVE
THIRTEEN	FOURTEEN	FIFTEEN	SIXTEEN
SEVENTEEN	EIGHTEEN	NINETEEN	TWENTY

SPECIMEN SHIPPING INSTRUCTIONS

Specimens received by the lab without proper documentation and/or identifiers (i.e. 2 PID's) will be held from testing and/or resulting or rejected. **A Client Authorization Release Form will be sent to the client for remediable errors and must be returned to KDL Pathology/Convergent Laboratories asap via email or fax.**

Please note: Items needed for billing will not affect sample TAT

REJECTED:

- Specimen container contains no PIDs
- Discrepancies left unresolved after 3 business days
- Requisition form received containing no specimen

SPECIMEN HELD FROM TESTING:

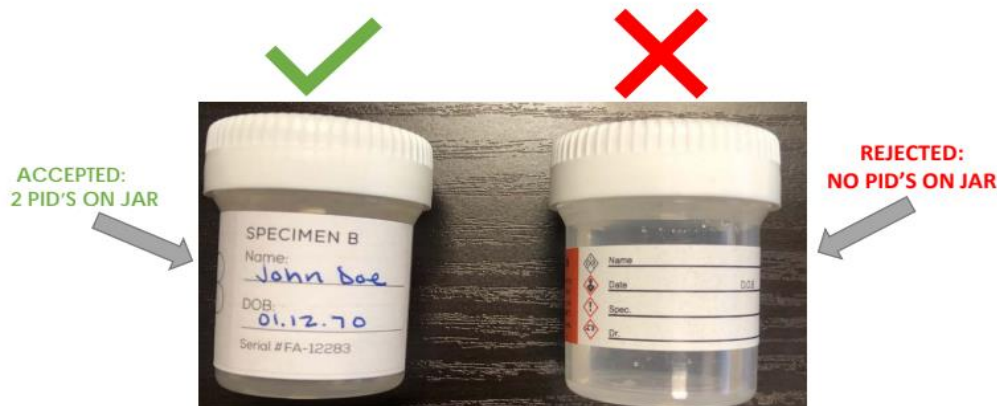
- Sample received containing no requisition form
- Conflicting patient identifiers between the sample and the requisition/demographic forms (two completely different names/DOB)
- PID issues (typo/misspelling/DOB)
- Only one PID on jar **(two are required)**

RESULTS HELD FROM RELEASE:

- Collection site is missing/incorrect
- Date of collection is missing/incorrect
- Physician is not onboarded in LIS system
- Ordering physician is not identified on requisition

NECESSARY CRITERIA FOR BILLING:

- Insurance information is not provided
- Demographic pages were not attached to requisition form
- ICD-10 (diagnosis) codes not indicated
- No Authorization to Bill to Insurance received





KDL Pathology/Convergent Laboratories
CLIA: 44D0927231
114 Lovell Rd, Suite 202
Knoxville, TN 37934

CLIENT AUTHORIZATION RELEASE FORM

Laboratory samples that contain any discrepancies or missing patient identifiers will not be processed until the patient administrative issues are correctly amended and authorization is obtained from the clinician or authorized personnel.

To be filled out by Lab Accessioner

Facility Name: _____ Patient Name: _____

Accession #: _____ Patient DOB: _____

Type of Specimen: _____ Accession Date: _____

Accessioner's Initials: _____

Sample Discrepancy: _____

To be filled out by Lab Representative

Holding from Testing: ☐ Yes ☐ No, test results will be held pending resolution ☐ Sample rejected

Please Note: Sample reporting delays will occur unless this form is completed. If not received within 3 business days, the laboratory will cancel the test order

Sample Resolution: _____

Lab Representative: _____ Signature: _____

Date: _____

To be filled out by Provider/Facility

I AUTHORIZE THE RELEASE OF RESULTS AND AGREE TO ASSUME RESPONSIBILITY FOR SAMPLE IDENTIFICATION.

Printed Name: _____ Signature: _____

Date: _____

Signed Client Authorization Forms can be returned to the Front Office at:

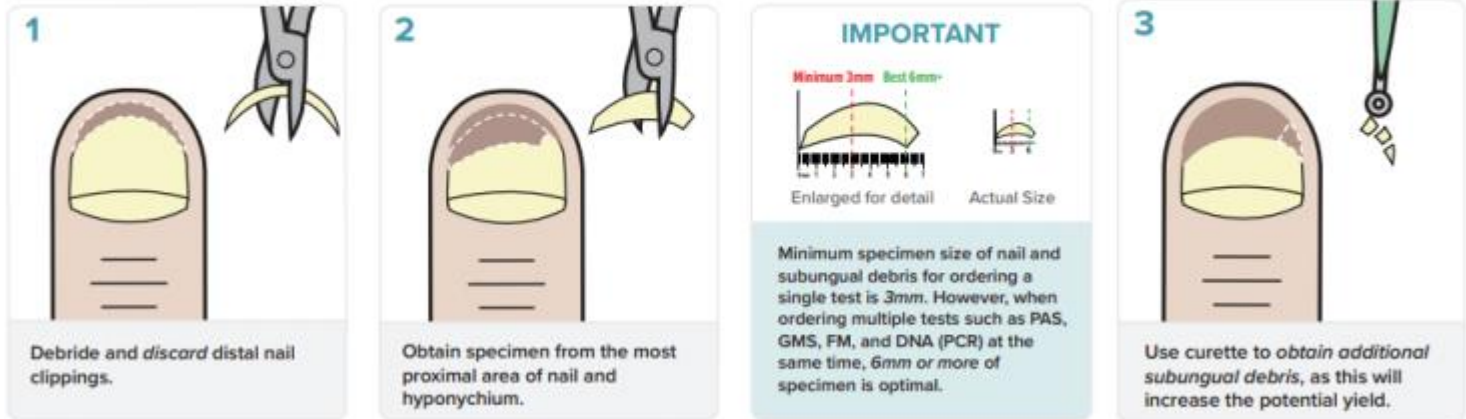
Email: FrontOffice@Kdlpathology.com

Fax: 865.584.1323

AP SPECIMEN SUBMISSION INSTRUCTIONS

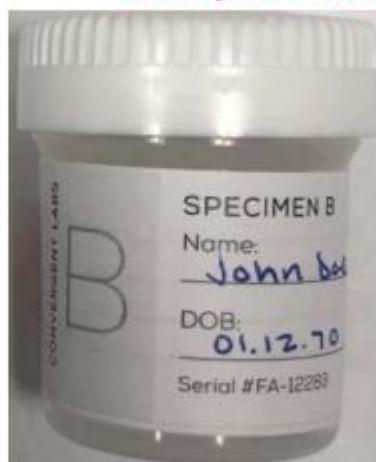
FORMALIN CONTAINERS- skin, whole nails (if skin attached), warts and bloody tissue specimens

SPECIMEN COLLECTION BAGS- nail clippings



Place dry nail sample into plastic specimen bag – no less than 3mm – 6mm is optimal.

Examples of Formalin containers



PORTAL ACCESS

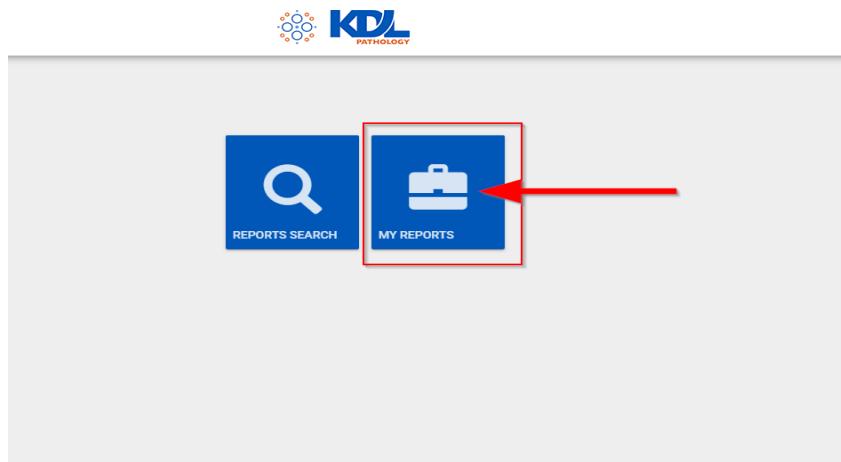


KDL Pathology/Convergent Laboratories is pleased to offer our clients access to our LIS Portal in order to view patient reports. A login will be created and you will access the portal as follows:

1. Open a web browser and to go <https://connect.kdlpathology.com/>
2. Login with the Username and Password that you will be provided separately.

A screenshot of the NovoPATH login interface. At the top, there is a red and white "NovoPATH" logo. Below it, a white box contains the text "Please sign in". There are two input fields: "Username" with the text "Wilson.John" and "Password" with masked characters "*****". A blue "SIGN IN" button is below the password field. At the bottom of the box, there are two toggle switches: "Remember me" and "Sign me In automatically", both currently turned off. A link "Forgot password?" is also present.

3. After logging in, you will come to the main dashboard. Click on 'My Reports'.



- You should see a list of all the reports for the Physicians that are linked to you. You can click on the icon in the 'Report' column to see PDF versions of these reports.

Home / My Reports

Drag a column header and drop it here to group by that column

Export to CSV file Print selected cases report

<input type="checkbox"/>	Case Number	Patient	Physician ID	Date Received	Date Reported	Report	Status	Pathologist	Specimen Type
<input type="checkbox"/>	801-000001	John Doe	John Doe	7/26/2021 11:42:00 AM			Accessioned		Dermatopathology
<input type="checkbox"/>	801-000002	John Doe	John Doe	7/26/2021 11:42:00 AM			Accessioned		Dermatopathology
<input type="checkbox"/>	801-000003	John Doe	John Doe	7/26/2021 11:42:00 AM			Accessioned		Dermatopathology
<input type="checkbox"/>	801-000004	John Doe	John Doe	7/26/2021 12:00:00 PM	7/27/2021 12:22:00 PM		Signed off	John Doe MD	Dermatopathology
<input type="checkbox"/>	801-000005	John Doe	John Doe	7/26/2021 12:00:00 PM	7/27/2021 12:22:00 PM		Signed off	John Doe MD	Dermatopathology
<input type="checkbox"/>	801-000006	John Doe	John Doe	7/26/2021 11:00:00 PM	7/27/2021 12:21:00 PM		Signed off	John Doe MD	Dermatopathology
<input type="checkbox"/>	801-000007	John Doe	John Doe	7/26/2021 11:00:00 PM	7/27/2021 12:21:00 PM		Signed off	John Doe MD	Dermatopathology
<input type="checkbox"/>	801-000008	John Doe	John Doe	7/26/2021 11:00:00 PM	7/27/2021 12:21:00 PM		Signed off	John Doe MD	Dermatopathology
<input type="checkbox"/>	801-000009	John Doe	John Doe	7/26/2021 11:00:00 PM	7/27/2021 12:21:00 PM		Signed off	John Doe MD	Dermatopathology
<input type="checkbox"/>	801-000010	John Doe	John Doe	7/26/2021 11:00:00 PM	7/27/2021 12:21:00 PM		Signed off	John Doe MD	Dermatopathology
<input type="checkbox"/>	801-000011	John Doe	John Doe	7/26/2021 11:00:00 PM	7/27/2021 12:21:00 PM		Signed off	John Doe MD	Dermatopathology
<input type="checkbox"/>	801-000012	John Doe	John Doe	7/26/2021 11:00:00 PM	7/27/2021 12:21:00 PM		Signed off	John Doe MD	Dermatopathology
<input type="checkbox"/>	801-000013	John Doe	John Doe	7/26/2021 11:00:00 PM	7/27/2021 12:21:00 PM		Signed off	John Doe MD	Dermatopathology
<input type="checkbox"/>	801-000014	John Doe	John Doe	7/26/2021 11:00:00 PM	7/27/2021 12:21:00 PM		Signed off	John Doe MD	Dermatopathology
<input type="checkbox"/>	801-000015	John Doe	John Doe	7/26/2021 11:00:00 PM	7/27/2021 12:21:00 PM		Signed off	John Doe MD	Dermatopathology
<input type="checkbox"/>	801-000016	John Doe	John Doe	7/26/2021 11:00:00 PM	7/27/2021 12:21:00 PM		Signed off	John Doe MD	Dermatopathology
<input type="checkbox"/>	801-000017	John Doe	John Doe	7/26/2021 11:00:00 PM	7/27/2021 12:21:00 PM		Signed off	John Doe MD	Dermatopathology
<input type="checkbox"/>	801-000018	John Doe	John Doe	7/26/2021 11:00:00 PM	7/27/2021 12:21:00 PM		Signed off	John Doe MD	Dermatopathology
<input type="checkbox"/>	801-000019	John Doe	John Doe	7/26/2021 11:00:00 PM	7/27/2021 12:21:00 PM		Signed off	John Doe MD	Dermatopathology
<input type="checkbox"/>	801-000020	John Doe	John Doe	7/26/2021 11:00:00 PM	7/27/2021 12:21:00 PM		Signed off	John Doe MD	Dermatopathology
<input type="checkbox"/>	801-000021	John Doe	John Doe	7/26/2021 11:00:00 PM	7/27/2021 12:21:00 PM		Signed off	John Doe MD	Dermatopathology
<input type="checkbox"/>	801-000022	John Doe	John Doe	7/26/2021 11:00:00 PM	7/27/2021 12:21:00 PM		Signed off	John Doe MD	Dermatopathology
<input type="checkbox"/>	801-000023	John Doe	John Doe	7/26/2021 11:00:00 PM	7/27/2021 12:21:00 PM		Signed off	John Doe MD	Dermatopathology
<input type="checkbox"/>	801-000024	John Doe	John Doe	7/26/2021 11:00:00 PM	7/27/2021 12:21:00 PM		Signed off	John Doe MD	Dermatopathology
<input type="checkbox"/>	801-000025	John Doe	John Doe	7/26/2021 11:00:00 PM	7/27/2021 12:21:00 PM		Signed off	John Doe MD	Dermatopathology
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<input type="checkbox"/>	801-000049	John Doe	John Doe	7/26/2021 11:00:00 PM	7/27/2021 12:21:00 PM		Signed off	John Doe MD	Dermatopathology
<input type="checkbox"/>	801-000050	John Doe	John Doe	7/26/2021 11:00:00 PM	7/27/2021 12:21:00 PM		Signed off	John Doe MD	Dermatopathology

Report

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1 / 1 100% +

KDL PATHOLOGY

303 East Drive
Kalamazoo, TN 39009
Phone: 865-584-1323
Fax: 865-584-1323

Dr. John Doe, MD
Kalamazoo, TN 39009
Phone: 865-584-1323
Fax: 865-584-1323

Dermatopathology Report

PATIENT	PHYSICIAN	SPECIMEN
Name: John Doe DOB: 01/01/1980 Age: 41 Phone: 865-584-1323 Address: 123 Main Street Kalamazoo, TN 39009	Physician: Dr. John Doe Facility: KDL Pathology Address: 303 East Drive Kalamazoo, TN 39009 Phone Number: 865-584-1323	Case Number: 801-000001 Request Number: 123456 Date Collected: 7/26/2021 Date Received: 7/26/2021 Date First Reported: 7/26/2021 Latest Report Update: 7/27/2021

CLINICAL HISTORY:
A skin lesion on the right arm, noticed 1 week ago, growing in size. No pain or itching. No recent trauma or sun exposure. No family history of skin cancer. No other medical conditions.

FINAL DIAGNOSIS
A. Basaloid follicular infundibuloma, atypical variant.
B. Basaloid follicular infundibuloma, atypical variant.

CASE COMMENTS:
PROCESS SLIDE(S) ONLY

ELECTRONICALLY SIGNED BY: Dr. John Doe, MD
ON BEHALF OF: Dr. John Doe, MD

SPECIMEN RECEIVED:
A. Skin, 1x1 cm, shave biopsy.
B. Skin, 1x1 cm, shave biopsy.

GROSS DESCRIPTION:
A. Multiple small, well-circumscribed, nodular lesions, each approximately 1-2 mm in size, located in the dermis. The lesions are composed of nests of basaloid cells, some of which are arranged in a follicular pattern. The lesions are surrounded by a thin layer of fibrous tissue. The overall appearance is consistent with basaloid follicular infundibuloma, atypical variant.

ORDERING ADDITIONAL STAINS/SLIDES

Additional stains may be requested (TC clients) by filling out the following form and emailing it or faxing it to the front office at FrontOffice@kdlpathology.com (a fillable form that can easily be completed online will be emailed to you upon request) or 865-584-1323. (see following page for example form – all forms within this manual will be provided during onboarding and at any time upon client request.)

ADDITIONAL STAINS REQUEST

Patient Name:

Patient DOB:

Accession #:

Requested by:

PLEASE INCLUDE PART AND BLOCK NUMBER(S) WITH ACCESSION NUMBER!!!

Stain Request(s):

☐ Recut x1 (surface)

☐ Recuts to exhaust block

☐ Recut x1 (deeper)

☐ Recut (indicate # of levels)

Please list the requested stain(s):

Special					
IHC					

Comments:

TEST MENU (any test on not on this menu must be referenced out and billed to patient's insurance)



[KDL Pathology/Convergent Laboratories](http://www.kdlpathology.com)

Dedicated to Providing Superior Diagnostics

Immunohistochemistry and Special Stain Requisition

114 Lovell Rd, Suite 202
Knoxville, TN 37934

P: 865.584.1933 F: 865-584-1323

Client /Ordering Physician Information			
Practice Name	Address	Telephone	Fax
Ordering Provider	NPI	Contact No.	Fax
Patient Information			
Last Name	First Name, Middle Initial	DOB	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street	City, State, Zip	Tel	SSN
Chart #	Patient ID	Other Patient ID	
Billing Information			
<input type="checkbox"/> Bill Doctor <input type="checkbox"/> Bill Insurance/patient	Responsible Party (if other than patient)		Insurance Company
Policy/Group Number	Insurance Address	SSN	
Specimen Information			
Collection Date/Time	Slide # _____ <input type="checkbox"/> Block # _____ Please include pathology report with block.	Specimen Site	
Clinical History & Physical Findings (Please specify race for suspected malignancy).			
IHC Menu			
(check one) <input type="checkbox"/> Global <input type="checkbox"/> Technical <input type="checkbox"/> Adipophilin <input type="checkbox"/> AR (Androgen Receptor) <input type="checkbox"/> BAP-1 <input type="checkbox"/> BCL-2 <input type="checkbox"/> BCL-6 <input type="checkbox"/> BerEP4 <input type="checkbox"/> Calretinin <input type="checkbox"/> CAM 5.2 <input type="checkbox"/> CD3 <input type="checkbox"/> CD4 <input type="checkbox"/> CD5 <input type="checkbox"/> CD7 <input type="checkbox"/> CD8 <input type="checkbox"/> CD10 <input type="checkbox"/> CD15 <input type="checkbox"/> CD31 <input type="checkbox"/> CD20 <input type="checkbox"/> CD21 <input type="checkbox"/> CD23 <input type="checkbox"/> CD30 <input type="checkbox"/> CD34 <input type="checkbox"/> CD45 (LCA) <input type="checkbox"/> CD56 <input type="checkbox"/> CD61 <input type="checkbox"/> CD68 <input type="checkbox"/> CD117 (KIT)	<input type="checkbox"/> CD138 <input type="checkbox"/> CD163 <input type="checkbox"/> CD1a <input type="checkbox"/> CDX2 <input type="checkbox"/> CEA <input type="checkbox"/> Chromogranin A <input type="checkbox"/> CK 20 <input type="checkbox"/> CK 5/6 <input type="checkbox"/> CK 7 <input type="checkbox"/> c-Myc <input type="checkbox"/> Cyclin D-1 (bcl-1) <input type="checkbox"/> Cytokeratin Cktl (AE1/AE3) <input type="checkbox"/> Cytomegalovirus (CMV) <input type="checkbox"/> Desmin <input type="checkbox"/> E. cadherin <input type="checkbox"/> EMA <input type="checkbox"/> ER (Estrogen Receptor) <input type="checkbox"/> Factor VIII <input type="checkbox"/> Factor XIIIa <input type="checkbox"/> Gata-3 <input type="checkbox"/> H. Pylori <input type="checkbox"/> HHV-8 <input type="checkbox"/> HMB45 <input type="checkbox"/> HPV <input type="checkbox"/> HSV-1 <input type="checkbox"/> HSV-2	<input type="checkbox"/> Kappa (IHC) <input type="checkbox"/> Ki-67 <input type="checkbox"/> Ki67/MelanA Dual Stain <input type="checkbox"/> Lambda (IHC) <input type="checkbox"/> Langerin <input type="checkbox"/> Mart-1, (Melan A) <input type="checkbox"/> MUH-1 <input type="checkbox"/> MOC-31 <input type="checkbox"/> MPO- (myeloperoxidase) <input type="checkbox"/> MSA (muscle-specific actin) <input type="checkbox"/> MSH-2 <input type="checkbox"/> MSH-6 <input type="checkbox"/> Myosin <input type="checkbox"/> Napsin A <input type="checkbox"/> NKIC3 – (Melanoma Assoc. Ag) <input type="checkbox"/> NSE <input type="checkbox"/> Pax8 <input type="checkbox"/> P16 <input type="checkbox"/> P40 <input type="checkbox"/> P53 <input type="checkbox"/> P63 <input type="checkbox"/> P504s <input type="checkbox"/> PAX5 (BSAP) <input type="checkbox"/> PMS2 <input type="checkbox"/> Podoplanin (D240) <input type="checkbox"/> PR (Progesterone Receptor) <input type="checkbox"/> Prame <input type="checkbox"/> Prostate Cktl (CK5/CK14/P63) <input type="checkbox"/> S-100 <input type="checkbox"/> SOX-10	<input type="checkbox"/> Synaptophysin <input type="checkbox"/> TdT <input type="checkbox"/> Treponema Pallidum (syphilis, Spirochete) <input type="checkbox"/> TTF-1 <input type="checkbox"/> Tyrosinase <input type="checkbox"/> VE1 (BRAF) V600E <input type="checkbox"/> Vimentin <input type="checkbox"/> VZV (Varicella Zoster)
Histochemical Special Stains/ Immunofluorescence Menu			
(check one) <input type="checkbox"/> Global <input type="checkbox"/> TC Technical Only Stains: <input type="checkbox"/> Acid-fast Bacillus, Kinyoun's <input type="checkbox"/> Alcian blue / PAS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> Amyloid, Congo Red <input type="checkbox"/> Colloidal Iron <input type="checkbox"/> Copper <input type="checkbox"/> Diff-Quick Giemsa	<input type="checkbox"/> Elastic <input type="checkbox"/> Fite <input type="checkbox"/> Melanin- Fontana-Masson <input type="checkbox"/> GMS-fungus <input type="checkbox"/> Giemsa <input type="checkbox"/> Gram <input type="checkbox"/> Iron <input type="checkbox"/> Melanin bleach <input type="checkbox"/> Mucicarmine, Mucin	<input type="checkbox"/> Oil Red O <input type="checkbox"/> PAP (Papanicolaou) <input type="checkbox"/> PAS (Periodic Acid Schiff's) <input type="checkbox"/> PAS w/ diastase <input type="checkbox"/> PAS-fungus <input type="checkbox"/> Reticulin/Nuclear Fast Red <input type="checkbox"/> Wright-Giemsa <input type="checkbox"/> Trichrome	Immunofluorescence- FITC (IF) <input type="checkbox"/> Albumin <input type="checkbox"/> C3 <input type="checkbox"/> Fibrin <input type="checkbox"/> IgA <input type="checkbox"/> IgG <input type="checkbox"/> IgM Other <input type="checkbox"/> H&E (if not originally our case)

