

**PROCEDURE FOR SPECIMEN SUBMISSION  
ORAL PATHOLOGY CONSULTANTS**

The following policies and procedures **MUST** be followed to ensure the optimum condition of patient specimens for testing.

**PLEASE INCLUDE COMPLETE BILLING INFORMATION**  
**WE DO NOT BILL DENTAL INSURANCE- WE ONLY BILL MEDICAL INSURANCE**  
**The Patient will be responsible for ALL services not covered by their insurance.**

1. After the biopsy, the tissue must be immediately placed in the fixative provided.
2. In the event more than one location is biopsied, a separate specimen bottle **MUST** be used for each location with the bottle and form(s) appropriately labeled with corresponding #1, #2, #3, or A, B, C; or each specimen must be suitably marked i.e., sutures.
3. The kit provided has a non-breakable plastic bottle with screw cap and appropriate hazard labels. The **CAP MUST BE TIGHTLY SECURED**. It also must include the **PATIENT'S FULL NAME, DATE OF BIRTH (DOB), LOCATION OF SPECIMEN, DATE OF SPECIMEN, and DOCTOR'S NAME**

<div style="background-color: red; color: white; padding: 5px; display: inline-block;"><b>IMPORTANT</b></div>	<div style="border: 1px solid black; padding: 5px;"><div style="display: flex; justify-content: space-between;"><div style="text-align: left;"><p><b>10% Neutral Buffered Formalin</b> pH 6.8-7.2 at 25°C</p></div><div style="text-align: right;"><p>Name _____</p><p>Dr. _____</p><p>Spec _____</p><p>Date _____ D.O.B. _____</p></div></div><div style="font-size: small; margin-top: 5px;">MSDS: Globe Scientific Inc., 400 Corporate Drive • Mahwah, NJ 07430 • 201.599.1400 • <a href="http://www.globescientific.com">www.globescientific.com</a></div></div>	<div style="background-color: red; color: white; padding: 5px; display: inline-block;"><b>IMPORTANT</b></div>
	<p><b>10% Neutral Buffered Formalin</b></p> <p><b>DANGER! CONTAINS:</b> Formaldehyde (50-00-2), Methyl Alcohol (67-56-1). May cause cancer. Causes skin irritation. May cause an allergic skin reaction. Causes serious eye damage. Causes damage to organs. <b>EMERGENCY CONTACT:</b> Chemtrec 800-424-9300. Read Safety Data Sheet before use.</p>	

4. The bottle is placed in the plastic bag with absorbent strip then sealed. The bag is then placed in the padded envelope, labeled with our address, mailing permit and hazardous chemical label.
5. There **MUST** be included in the envelope and accompanying the specimen, a completely filled out **BIOPSY REQUEST FORM**. **THIS FORM MUST INCLUDE:**
  - a. The patient's full legal name (no initials or nicknames). Last name, first name.
  - b. The patient's complete address and phone number.
  - c. Birth date-month/day/year, patient's sex (race optional).
  - d. **ALL MEDICAL INSURANCE INFORMATION**, including Medicare. Medicaid. Medical Assistance Numbers. **PLEASE ATTACH FRONT & BACK COPY OF MEDICAL CARDS.**
  - e. The date the biopsy/specimen was taken or obtained (information can be found below medical history)
6. **DOCTOR'S INFORMATION ON THE FORM MUST INCLUDE:**
  - a. **DOCTOR'S NAME**
  - b. **DOCTOR'S SIGNATURE INDICATING A REQUEST FOR SERVICE**
  - c. **DOCTOR'S ADDRESS and TELEPHONE NUMBER** (Practice Name (optional, but helpful)
  - d. **SPECIAL REQUEST:** (Written Report Only( *will call with significant diagnosis*), Fax or Email Report (please include Fax Number and/or email Address, *Request for kits, prefer kits to be ordered online*)  
<https://www.dental.umaryland.edu/oralpathology/>
7. A history of the condition should be included with the location and clinical appearance. This should be followed by a clinical diagnosis.

8. The specimen is then mailed by U.S. Mail or sent by designated courier to:

**ORAL PATHOLOGY CONSULTANTS**  
**Department of Oncology and Diagnostics Services**  
**650 West Baltimore Street 7N**  
**Baltimore, MD, 21201**

## ORAL PATHOLOGY CONSULTANTS

### ***REMINDERS:***

- **Complete the Laboratory Service Request Form**

- ✓ *Legible doctor's name\*\*\*\*\**
- ✓ *Office address & telephone number\*\*\*\**
- ✓ *Date of service\*\*\*\**
- ✓ *Complete Patient's information\*\*\*\**

\*\*\*\*\*VERY IMPORTANT\*\*\*\*\*



- **Label the specimen bottle with doctor's name, patient's name and date of birth, specimen location, date of specimen.**

- ***Include copies of the Medical Insurance Cards.***