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### SURGICAL PATHOLOGY REQUEST

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**FACILITY:** AWH ALH AMH Clinic: \_\_\_\_\_

**PATIENT INFORMATION** *\*Patient Label or Complete*

Patient Name **Required** (Last) (First) (MI)

DOB **Required** \_\_\_\_\_ Male  Female

MRN \_\_\_\_\_

**PHYSICIAN INFORMATION**

Performing Physician \_\_\_\_\_

Copy To \_\_\_\_\_

**SPECIMEN INFORMATION/CLINICAL SUMMARY**

Collection Date and Time - **Required**

Date \_\_\_\_\_ Time \_\_\_\_\_ AM PM

Operation \_\_\_\_\_

Clinical History \_\_\_\_\_

Time Tissue Specimen Placed in Formalin - **Breast Only**

(Must be in 10% Neutral Buffered Fixative Only) \_\_\_\_\_ AM PM

Pre-Op \_\_\_\_\_

Post-Op \_\_\_\_\_

LMP **GYN Only** \_\_\_\_\_

On Hormones? Yes  No

PSA Level **Prostate Bx Only** \_\_\_\_\_

**SURGICAL PATHOLOGY** Specimen(s) Site/Source - **\*Required**

A) \_\_\_\_\_

B) \_\_\_\_\_

C) \_\_\_\_\_

D) \_\_\_\_\_

E) \_\_\_\_\_

F) \_\_\_\_\_

G) \_\_\_\_\_

H) \_\_\_\_\_

**Special Orders:**  Frozen Section Contact # \_\_\_\_\_ Part # \_\_\_\_\_ Pt Awake? Yes  No

**\*SPECIMEN CONTAINER MUST MATCH REQUISITION (NAME, SITE/SOURCE, DOB, etc)**

**NOTE AREA**

Clinician/Practitioner/RN Signature \_\_\_\_\_ Date \_\_\_\_\_

**SEPARATE SHEET SHOWING PATIENT DEMOGRAPHIC INFORMATION MUST BE ATTACHED**