LAB USE ONLY

Place Accession Label Here

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

Time Tissue Specimen Placed in Formalin - ***Breast Only***
(Must be in 10% Neutral Buffered Fixative Only)_____AM PM

Operation_____

Clinical History_____

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/Practioner/RN Signature_____**Date** _____

SEPARATE SHEET SHOWING PATIENT DEMOGRAPHIC INFORMATION MUST BE ATTACHED