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SURGICAL PATHOLOGY REQUEST

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FACILITY: AWH ALH AMH Clinic: _____		
PATIENT INFORMATION <i>*Patient Label or Complete</i>		PHYSICIAN INFORMATION
<div style="border: 1px solid black; padding: 5px;"><p>Patient Name <i>Required</i> (Last) (First) (MI)</p><p>DOB <i>Required</i> _____ Male <input type="radio"/> Female <input type="radio"/></p><p>MRN _____</p></div>		<p>Performing Physician _____</p> <p>Copy To _____</p> <p>_____</p>
SPECIMEN INFORMATION/CLINICAL SUMMARY		
<p>Collection Date and Time - <i>Required</i></p> <p>Date _____ Time _____ AM PM</p> <p>Operation _____</p> <p>Clinical History _____</p>		<p>Time Tissue Specimen Placed in Formalin - <i>Breast Only</i></p> <p>(Must be in 10% Neutral Buffered Fixative Only) _____ AM PM</p>
<p>Pre-Op _____</p> <p>Post-Op _____</p>		<p>LMP <i>GYN Only</i> _____ On Hormones? Yes <input type="radio"/> No <input type="radio"/></p> <p>PSA Level <i>Prostate Bx Only</i> _____</p>

SURGICAL PATHOLOGY Specimen(s) Site/Source - <i>*Required</i>		
<p>A) _____</p> <p>B) _____</p> <p>C) _____</p> <p>D) _____</p> <p>E) _____</p> <p>F) _____</p> <p>G) _____</p> <p>H) _____</p>		
Special Orders: <input type="radio"/> Frozen Section Contact # _____	Part # _____	Pt Awake? Yes <input type="radio"/> No <input type="radio"/>

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

NOTE AREA

Clinician/Practitioner/RN Signature _____	Date _____
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SEPARATE SHEET SHOWING PATIENT DEMOGRAPHIC INFORMATION MUST BE ATTACHED