

# These forms are available for order through the print service vendor (RR Donnelley)

These are proofs **only**, and may not be the most current version of the form. The actual forms can be ordered from the Market Place at the link below:

[https://classic.wolverineaccess.umich.edu/marketsite\\_alert.html](https://classic.wolverineaccess.umich.edu/marketsite_alert.html)

- Log in using your level 1 password
- Scroll to Office Supplies/Computer
  - Select **RR Donnelley UMHS Forms**
  - Search for your form and order as needed

*If you have any questions, please contact*  
[HIM-Forms-Management@med.umich.edu](mailto:HIM-Forms-Management@med.umich.edu)

MICHIGAN MEDICINE

BIRTHDATE

Pathology

RESULTS REPORTING LOCATION CODE:

NAME

Reg. No.

Surgical Pathology Laboratory Requisition & Physician Order Form

Routine  STAT ORDER DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)

Bill research account # \_\_\_\_\_

ICD-10 Code/Diagnosis:		Ordering Clinician to receive report: <input type="checkbox"/> See label above	UMHS Dr. #: _____
Collected by:		Additional Clinician to receive report:	UMHS Dr. #: _____
Collected Date: ____/____/____	Collection Time: ____:____ am/pm	Attending Physician: (if different from above)	UMHS Dr. #: _____

SURGICAL PATHOLOGY

DIRECTIONS: Please fill in ALL AREAS IN BOLD. Specimens must accompany a complete requisition for efficient processing.

SOURCE OF SPECIMEN:

Explant Explant Body Site \_\_\_\_\_

HISTORY OF CASE

. FOR PATHOLOGY USE ONLY .

PLACE ACCESSION LABEL HERE

PERTINENT LABORATORY DATA:

CLINICAL DIAGNOSIS:

OPERATIVE PROCEDURE/TISSUE SUBMITTED:

SPECIFIC QUESTION FOR PATHOLOGIST:

21-10071	VER: A/17 HIM: 02/17	<b>LABORATORY</b>		<b>Testing / Diagnostic / Screening Requisition</b>
----------	-------------------------	-------------------	-------------------------------------------------------------------------------------	-----------------------------------------------------

1A

1B

PROOF 1

8810038856