

BIRTHDATE

DEPARTMENT OF PATHOLOGY
SURGICAL PATHOLOGY LABORATORY
MOTT OPERATING ROOM REQUISITION

**RESULTS
REPORTING
LOCATION
CODE:**

NAME

Reg. No.

- Routine
- STAT

ORDER DATE: ____/____/____
(mm/dd/yyyy)

Bill research account # _____

ICD-9 Code/Diagnosis:		Ordering Clinician to receive report: <input type="checkbox"/> See label above	
Collected by:			UMHS Dr. #: _____
Collected Date: ____/____/____	Collection Time: ____:____am/pm	Attending Physician: (if different from above)	UMHS Dr. #: _____

FOR ASSISTANCE WITH THIS FORM, PLEASE CALL M-LABS CALL CENTER AT (734) 936-2598, MON - FRI, 7:30 AM – 9:00 PM.
AFTER HOURS AND ON WEEKENDS, PLEASE PAGE THE ANATOMIC PATHOLOGY RESIDENT ON CALL, (734) 936-4000.

SURGICAL PATHOLOGY

SPECIMEN AND LOCATION:

1. _____
2. _____
3. _____
4. _____

- FOR PATHOLOGY USE ONLY -

PLACE ACCESSION LABEL HERE

CLINICAL DIAGNOSIS/OPERATIVE PROCEDURE:

- HIRSCHSPRUNG BIOPSY
- TUMOR – NEW DIAGNOSIS
- TUMOR – POST-TREATMENT
- OTHER: _____

PROCESSING INSTRUCTIONS:

- ROUTINE
- RUSH (DIAGNOSIS NEEDED IN LESS THAN 24 HOURS)
REASON: _____
- FORMALIN
- FRESH (SEE SPECIAL HANDLING)

SPECIAL HANDLING, IF REQUIRED:

- FROZEN SECTION (FRESH SPECIMEN)
PLEASE CALL MOTT O.R. WITH DIAGNOSIS – STAT!
O.R. #: _____ PHONE: _____
- PEDIATRIC TUMOR PROTOCOL (FRESH SPECIMEN)
- LYMPHOMA WORKUP (FRESH SPECIMEN)
- VACCINE PROTOCOL (FRESH SPECIMEN)
- OTHER: _____