UNIVERSITY OF MICHIGAN HOSPITALS & HEALTH CENTERS
DEPARTMENT OF PATHOLOGY
SURGICAL PATHOLOGY LABORATORY
MOTT OPERATING ROOM REQUISITION

☐ Routine
☐ STAT

ORDER DATE: _____ / _____ / ______
(mm/dd/yyyy)

ICD-9 Code/Diagnosis: ________________

Collected by: ____________________________

Collected Date: _____ / _____ / ______

Collection Time: ______ : ______. am/pm

Attending Physician: (if different from above)

☐ See label above

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. ____________________________

CLINICAL DIAGNOSIS/OPERATIVE PROCEDURE:

☐ HIRSCHSPRUNG BIOPSY  ☐ TUMOR – NEW DIAGNOSIS  ☐ TUMOR – POST-TREATMENT

☐ OTHER: ____________________________

PROCESSING INSTRUCTIONS:

☐ RUSH (DIAGNOSIS NEEDED IN LESS THAN 24 HOURS)

☐ ROUTINE  ☐ REASON: ____________________________

☐ FORMALIN  ☐ FRESH (SEE SPECIAL HANDLING)

SPECIAL HANDLING, IF REQUIRED:

☐ FROZEN SECTION (FRESH SPECIMENT)

☐ PLEASE CALL MOTT O.R. WITH DIAGNOSIS – STAT!

☐ O.R. #: ____________________________

☐ PHONE: ____________________________

☐ PEDIATRIC TUMOR PROTOCOL (FRESH SPECIMENT)

☐ LYMPHOMA WORKUP (FRESH SPECIMENT)

☐ VACCINE PROTOCOL (FRESH SPECIMENT)

☐ OTHER: ____________________________