DEPARTMENT OF PATHOLOGY
SURGICAL PATHOLOGY LABORATORY
REQUISITION & PHYSICIAN ORDER FORM

☐ Routine  ☐ STAT  ORDER DATE: ___/___/___
                  (mm/dd/yy)  ☐ Bill research account # ________________________

ICD-9 Code/Diagnosis:

Collected by:

Collected Date:  Collection Time:

_____ / _____ / _____  :______ am/pm

Ordering Clinician to receive report:
☐ See label above

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:

HISTORY OF CASE (SEE BELOW FOR ENDOMETRIAL SPECIMENS):

PATHOLOGY ACCESSION NUMBER

PERTINENT LABORATORY DATA:

CLINICAL DIAGNOSIS:

OPERATIVE PROCEDURE/TISSUE SUBMITTED:

SPECIFIC QUESTION FOR PATHOLOGIST:

INDICATE SPECIAL FIXATION:

TISSUE RESEARCH CONSENT SIGNED: ☐ YES ☐ NO

ENDOMETRIAL SPECIMENS:

GYNECOLOGICAL COMPLAINT  ☐ NO  ☐ YES  PLEASE EXPLAIN:

POSTMENOPAUSAL  ☐ NO  ☐ YES  DATE OF LMP: ______________

CHANGE IN NORMAL PATTERN OF THE MENSTRUAL CYCLE  ☐ NO  ☐ YES  PLEASE EXPLAIN:

ABNORMAL BLEEDING  ☐ NO  ☐ YES  PLEASE EXPLAIN:

ORAL CONTRACEPTIVES  ☐ NO  ☐ YES  DURATION:

EXOGENOUS HORMONES (NOT CONTRACEPTIVES)  ☐ NO  ☐ YES  PLEASE EXPLAIN:

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21-10071  VER: A/11  HIM: 04/11  SURGICAL PATHOLOGY LABORATORY REQUISITION

Replaces: 2016135