**SURGICAL PATHOLOGY REQUEST FORM**



**PATIENT DATA (LABEL)**

**Anatomical Pathology**

|  |  |
| --- | --- |
| DATE: |  |
| TIME: |  |

|  |  |
| --- | --- |
| Physician to get report: |  |

CLINICAL DATA: (Include work up diagnosis & procedure done)

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 SPECIMEN OR TISSUE SOURCE

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* ROUTINE
* SPECIAL – PHYSICIAN **MUST** CONFER WITH PATHOLOGIST

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Pathologist/Technologist Called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Pathologist/Technologist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specimen Picked Up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specimen Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Attending Surgeon’s Signature |  | Form Completed By |