



ELECTRON MICROSCOPY REQUISITION

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SPECIMEN and PATIENT INFORMATION:

Please complete all items on this form. Specimen processing may be delayed without complete information.

Patient Name: _____ Specimen Collection Date: _____

Accession #: _____ Pathologist: _____

Fixation: (Circle One) Karnovsky's Formalin Paraffin Block Fresh Frozen Other _____

Tissue Type: _____

Diagnosis: _____

Account to be billed: _____

Note: No processing will be performed unless the bottom half of this form is completed. Tissue will be saved for one year only unless the lab is otherwise directed.

REQUEST FOR EM:

(Please circle one)

Work requested: Diagnosis Interest: Research:

(Please circle one)

Level of work requested: Embed Only Tol Blue Sections Digital Imaging

Who will select toluidine blue sections? (Circle one):

Submitting Pathologist Resident / Fellow EM Staff

Who will scope specimen? (Circle one):

Submitting Pathologist Resident / Fellow EM Staff

Who will dictate Special Procedure Report? (Circle one):

Submitting Pathologist Resident / Fellow EM Staff

Pathologist to receive report: _____

Clinician to receive report: _____

Focus of examination:

Date of Request: _____ Print Name: _____

Pager / Phone: _____ Signature: _____