SPEICMEN 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: ________________________________

Revised 5/4/2011