

**\*\*Lab Use Only\*\***

Pathology Accession Number:

Procedure Date: \_\_\_\_\_

Date Received: \_\_\_\_\_

Account Number: \_\_\_\_\_

Previous HRRMC:  Yes  No

If yes:  Attached  Not Pertinent

ER Patient? **Y** **N**

If yes—call ER charge RN and add patient to “call back” list

Nurse \_\_\_\_\_

Date/ Time \_\_\_\_\_

**SURGICAL PATHOLOGY REQUEST  
FOR TISSUE – NOT FOR CYTOLOGY**

Patient Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
 (Last) (First) (Middle initial)

Date of Procedure (Specimen Collection Date): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address (Required): \_\_\_\_\_ Phone # (Required): \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider Call Back Number: \_\_\_\_\_

**\*\*\*\*\*Billing Information Required: Please attach Billing Information\*\*\*\*\***

Information below to be completed by **Ordering Provider**  
**No Abbreviations Allowed** \*\*\*\*\* **Must be legible – preferably typed.**

Indication for Procedure / Clinical History: \_\_\_\_\_

History of malignancy/tumors:  No  Yes If yes, indicate date and type of malignancy: \_\_\_\_\_

Procedure: \_\_\_\_\_

Post-op Impression: \_\_\_\_\_

Number of Containers: \_\_\_\_\_ Infectious/Respiratory Precautions: \_\_\_\_\_

Separately list each container, indicating its exact body site/ location/ source: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Studies: \_\_\_\_\_ Total Fixation Time (hours): \_\_\_\_\_

Out of Body Time/Date: \_\_\_\_\_ Into Formalin Time/Date: \_\_\_\_\_ Cold Ischemia Time (minutes): \_\_\_\_\_

**Ordering Provider Signature (or Authorized Representative):**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date/Time \_\_\_\_\_

**Surgeon’s Orders for Fresh Tissue (Intraoperative Consults):**  
 Frozen Section (definite request)  Frozen Section at Pathologist’s Discretion (pending gross exam)

**INTRAOPERATIVE CONSULTATION**

Frozen Section  Gross Consult Date: \_\_\_\_\_

List blocks that were frozen: \_\_\_\_\_

Preliminary Diagnosis: \_\_\_\_\_

Above verbal report delivered by Pathologist to: \_\_\_\_\_ Time: \_\_\_\_\_

**Pathologist Signature**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date/Time \_\_\_\_\_