



HUP Surgical Pathology

3400 Spruce Street
Philadelphia, PA 19104
Telephone 215-662-6526; FAX 215-662-7042

SP Label	COMPLETE THE FOLLOWING IF PLATE UNAVAILABLE		
	Name	DOB	
	Address	Age Sex	
	Medical Record No.		IMPRINT PATIENT PLATE

SURGICAL PATHOLOGY CONSULTATION REQUEST FORM

I. Patient Information	ICD-9 _____
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Clinical History: (Include prior pathologic diagnoses; include LMP if appropriate)

Specific question(s) to be answered by consultation, including special studies (IHC and other):
 Perform molecular testing, when clinically appropriate, as outlined in "Molecular Profile Algorithm" policy.

Previous Biopsy: No Yes If yes, specify: _____

Infectious Precautions: No Yes If yes, specify: _____

Previous Chemotherapy No Yes Previous Radiation: No Yes Hormones: No Yes

II. Operative Information		O.R. HUP <input type="checkbox"/> or Perelman Center <input type="checkbox"/>
Date and Time of Operation:	Client/Clinic Location, OR #	O.R. extension for Intra-operative consult call back:
Surgeon:		Surgeon phone/pager:
Operation/Procedure:		

III. Specimen Information				Intra-operative Consultation Request*				
* Intra-operative consultation is available only for cases performed in HUP or Perelman ORs								
#	Specimen: Tissue submitted and Body site	Collected Time (OR Staff)	Time in Fixative (Path or Rad Staff)	Gross Only	Frozen Section	Special Studies	Fresh	Fixed

SAME DAY RUSH (STAT): (Must be received by 11AM) Requires approval if received after 11am: page 215-487-8638 (Surgical Pathology /Fellow).

Send Report to: _____ **Attending MD** _____ **Ordering Location** _____ **Additional Reports to:** _____ **PLEASE PRINT**

This form completed by: Signature _____	Print Name _____	Date _____	Time _____	Total Number of specimens for this form: _____
Specimens verified with physician by: Signature _____	Print Name _____	Date _____	Time _____	
Signature #2 _____	Print Name _____	Date _____	Time _____	

FOR PATHOLOGY USE ONLY IN THIS BOX	
Picked up/Received by: _____	Total Number of Specimens picked up/received: _____