

Pathology Label

Date Collected: ____/____/____

Provider Name/Phone and Location: _____

Other Referring Physicians: _____

Frozen Section: Intraoperative Consultation:

Call with Results To/OR Room #: _____

Pre-op Diagnosis/Clinical History: (Required for all testing)

Special Instructions/Additional Testing/Priority Testing:

Molecular Studies: Place in formalin and record *Collection Time* and *Time in Formalin* below.

Flow Cytometry/Lymphoma Workup: Leukemia/Lymphoma phenotyping by Flow Cytometry

Indication: Localized Adenopathy: Generalize Adenopathy: Other: _____

Thyroid Molecular Testing: (must collect separate cytology sample) Afirma: ThyroSeq:

Culture – Share Specimen with Microbiology: Submit separate Microbiology order for culture.

Tissue Pathology: Specimen(s) Source/Site: For additional specimens, use additional forms.

A. _____ F. _____

B. _____ G. _____

C. _____ H. _____

D. _____ I. _____

E. _____ J. _____

Collection Time: _____

Time Placed in Formalin: _____

Cytology Non-Gyn: Indicate the specific specimen site.

A. _____ C. _____

B. _____ D. _____

Special Stains for Opportunistic Infection: (Respiratory Samples Only):

Intraoperative Consultation\Frozen Section Diagnosis:

Time Received: _____ Time Reported: _____

Reported To: _____ Pathologist Signature: _____

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