

**Non-Epic Histology Requisition** 

**Memorial Hospital Central** 1400 E. Boulder St., Colorado Springs, CO 80909

## **Memorial Hospital North**

4050 Briargate Pkwy, Colorado Springs, CO 80920

| Surgeon/Radiologist   | Ordering physician | (if different)                        |      |
|---|--------------------|---------------------------------------|------|
| Room #  | Phone              |                                       |      |
| Pre-op diagnosis(es)  |                    |                                       |      |
| Check all that apply.  Oncology patient and/or Molecular testing or Breast cancer patient (if bone biopsy no decalcification) | Specimen/Site      | R                                     | T LT |
| ☐ Cultures/Microbiology requested (Fresh cores/specimen required)   |                    |                                       |      |
| ☐ History of or suspected Lymphoma (Fresh cores/specimen required for Flow Cytometry)   |                    |                                       |      |
| Cytology can be an initial contact for any collection questions  • Central 5-1235  • North 4-3201                             |                    |                                       |      |
| HISTOLOGY/PATHOLOGY   |                    |                                       |      |
| Clinical history  |                    |                                       |      |
| Prior malignancy? ☐ Yes ☐ No Specify  |                    |                                       |      |
| Radiation/Chemo/Hormone   |                    | · · · · · · · · · · · · · · · · · · · |      |
| ☐ Fresh ☐ Routine   |                    |                                       |      |
|   | FOR LAB USE ONLY   |                                       |      |
| □ Frozen □ Touch  | Prep 🗆 (           | Gross Consult                         |      |
|   |                    |                                       |      |
|   |                    |                                       |      |
|   |                    |                                       |      |
|   |                    |                                       |      |
|   |                    |                                       |      |
|   |                    |                                       |      |
| Signature   |                    | Date/Time                             |      |
| □ MICROBIOLOGY CULTURES  □ Aerobic (C+S) □ Anaerobic (includes □ AFB □ Fungal   | <i>'</i>           |                                       |      |
| □ CYTOLOGY  |                    | Patient Identification Label          |      |
|   |                    |                                       |      |
|   | ll l               |                                       |      |
|   |                    |                                       |      |