



**Laboratory Services  
Memorial Hospital**  
1400 East Boulder  
Colorado Springs, CO  
80909

**SURGICAL PATHOLOGY  
REQUEST**

Pathology office 719-365-5808  
Client Services 719-365-5673  
Histology Lab 719-365-5204

**BILL TO:**

My Account

Patient's Insurance

**Attach a copy of patient's demographic and insurance information.** If not provided, your office will be billed by default.

Memorial Central CLIA # 06D0663026 Memorial North CLIA # 06D10663026

Patient Information		
Last Name	First Name, Middle Initial	Birthdate:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ordering Physician: Copy to:	ICD 10 (Required)
Collection Date	Collection Time	[ <input type="checkbox"/> ] Phone results to [ <input type="checkbox"/> ] Fax results to:

**Specimen container must exhibit two patient identifiers**

HANDLING PRIORITY		
<input type="checkbox"/> ROUTINE	<input type="checkbox"/> FRESH	<input type="checkbox"/> RUSH

**SPECIMEN(S) SOURCE(S)**

A
B
C
D
E
F
G
H
I
J

**PREOP DIAGNOSIS:**

**HISTORY:**

HISTORY OF MALIGNANCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	HISTORY OF RADIATION/CHEMO/HORMONE RX? <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>SPECIAL INSTRUCTIONS FOR FRESH TISSUE:</b> <input type="checkbox"/> CYTOGENETICS <input type="checkbox"/> CULTURE SPECIFY TYPE _____	<input type="checkbox"/> LYMPHOMA WORK UP _____ <input type="checkbox"/> STONE ANALYSIS <input type="checkbox"/> OTHER: _____
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