

Client Name:

Name: _____
DOB ____/____/____ Sex M F
Attending Physician _____
Ordering Phys/Surgeon _____
Accession/Lab ID# _____

SSM Health
ST MARY'S
LABORATORY
SERVICES
700 S Park Street
Madison, WI 53715
258-6917
800-236-6917

Date Of Surgery: _____ Pre-Op diagnosis (with ICD Code): _____ _____	SLS Lab Use Only Pathology Case # Label
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Specimen 1: _____
Specimen 2: _____
Specimen 3: _____
Specimen 4: _____

✓	TEST NAME	✓	TEST NAME	✓	TEST NAME
	Surgical Pathology				Flow Cytometry
	5130 Biopsy Tissue				5439 DNA Analysis
	5130 Frozen Section				6848 Leuk-Lymph Eval
	5130 Slide Consult				6843 T + B Cells Subset
	5400 Fine Needle Aspirate				5433 T Cell Lymph Subset
	5197 Slide Prep / Recut				5702 Chromosome Bone Marrow

For breast specimens only
(core biopsies, excisions, and mastectomies)

Time Breast Specimen Placed in Formalin:

Place Barcoded Laboratory Labels Here