Scripps Medical Laboratories
10666 North Torrey Pines Road
La Jolla, CA 92037 Ph#: (858) 554-8605

SURGICAL PATHOLOGY REQUEST

Place IDX Label Here

MRN: _____

Patient Name: _____

Date of Birth: _____

Ordering Physician/#: _____

SERVICE DATE	DR. NO.	SURGEON
	DR. NO.	COPY TO REFERRING PHYSICIAN
D.O.B.	SEX	GYN. CASE: LMP
/ /	M F	/ /

ACCESSION NO. (FOR LAB USE ONLY)

RN/TECH:

CLINIC OP ☐ HOSPITAL OP ☐ HOSPITAL IP ☐ CASE NUMBER

PATIENT LOCATION	ROOM NO. _____		OR ☐		APAS ☐		DAY SURGERY ☐		
TP PATIENT LOCATION	DERM ☐	GI ☐	GMED ☐	GYN ☐	HNA ☐	PLASS ☐	RADA ☐	URO ☐	OTHER ☐
CLINIC LOCATION	CR ☐	EN ☐	LJOB ☐	MV ☐	RB ☐	RSD ☐	ST ☐	SM ☐	CO OUT ☐
	CO CD ☐	CO SY ☐	CO OC ☐	CO EN ☐	CO CBD ☐	CO ESC ☐	CO HC ☐	CO EL ☐	CO DM ☐

TISSUE OR ORGAN **LOCATION: UPPER, LOWER, LEFT OR RIGHT** **TYPE OF PROCEDURE**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

MAJOR CLINICAL DIAGNOSIS

ICD9-CODES:

PRE OP IMPRESSION: POST OP IMPRESSION:

RELEVANT PAST HISTORY:

PREVIOUS BIOPSY DATE: CYTOLOGY: OUTSIDE SLIDES:

SPECIAL INSTRUCTIONS:

☐ **RUSH** **TISSUE SUBMITTED (CHECK ALL APPROPRIATE BOXES)**

☐ FRESH* See Below
for: Flow Cytometry
Cytogenetics
Muscle Biopsy
Liver for Iron
Sural Nerve, Arteries

☐ FORMALIN FIXED
for: Routine Pathology

☐ TRANSPORT MEDIA
for: Direct
Immunofluorescence

☐ GLUTARALDEHYDE
for: Electron Microscopy

☐ OTHER
PLEASE SPECIFY

*** CALL OFFICE 858-554-8605**
*** USE OR CONSULTATION FORM (BLUE) IF IMMEDIATE DIAGNOSIS IS REQUIRED**

1PATH

DEPARTMENT OF PATHOLOGY _____
Physician's Signature (Required)

ORIGINAL - Lab 2ND COPY - Physician