



**PATHOLOGY
PROCESSING FORM**

One Children's Plaza
Dayton OH

Patient Information ORSOS# _____

TISSUE SPECIMEN(s) Gross Only Gross W/Micro Fresh Frozen Fresh Tissue For Flow Cytometry

Surgeon or Collected By (Print): _____ Time _____ Date _____
Location of Patient (O.R. Room # / Clinic / Treatment Area) _____ Contact # _____
Request Prepared By: _____

Specimens Submitted:

A. _____ E. _____
B. _____ F. _____
C. _____ G. _____
D. _____ H. _____

Pre-Operative Diagnosis:

Post-Operative Diagnosis: Same

Procedure:

Pertinent Clinical History: (Include location, duration of lesion and rapidity of growth)

Physician's Signature _____

////////////////////// CYTOLOGY (BODY FLUIDS etc.) ////////////////////////

Provisional Dx _____

Surgeon or Collected By (Print): _____ Time _____ Date _____
Location of Patient (O.R. Room # / Clinic / Treatment Area) _____ Contact # _____
Request Prepared By: _____

- ASAP
- Identify Malignant Neoplasm

Specimen Source _____

Special Stains

Smear Sputum CSF Fungus/Pneumocystis
Cyst Fluid Bronch Wash Bronch Brush Hemosiderin (Iron)
Pleural Fluid Peritoneal Fluid Esophageal Brushing Lipid (Fat)
Other (Specify) _____ Other (Specify) _____

Physician's Signature _____