



Dayton Children's Hospital
One Children's Plaza Dayton, Ohio 45404

Laboratory Services

Specimen Collection Manual

Submission of Pathology Processing Forms

I. Purpose:

The purpose of this instruction is to insure the Children's Medical Center remains compliant with current JCAHO/CAP standards concerning the information submitted on the standard Pathology Requisition Forms.

II. Submission of Pathology Processing Form:

A. This form will be prepared in single copy and must be forwarded with the specimen container (do not attach to container). This form will be used for all tissues and bone marrow biopsies. A separate request is required for cytology.

B. Patient Demographics – The request form must include the patient's name, date of birth, account number and medical record number. Address-o-graph stamps must be legible.

C. Additional Information – The physician, circulating nurse or nurse present during the procedure will furnish the following information typed or legibly printed:

1. Source of organ/tissue/cytology
2. Surgeon or physician
3. Type of specimen (Routine, Fresh, Frozen, Gross Only).
4. Patient sex and age
5. Time of collection
6. Specimen identity (skin, nevus, appendix, tonsils etc.).
7. Provisional diagnosis (cytology only).
8. Pre-op diagnosis (tissue only).
9. Post-op diagnosis (tissue only).
10. Procedure (tissue only).
11. Collection date.
12. Submitting location.
13. Brief history, including location, duration of lesion and rapidity of growth