

NORTHWEST REGIONAL LABORATORY

Surgical Pathology • Inpatient Laboratory Requisition

CLINICIAN		PATIENT	
ORDERING CLINICIAN (LAST, FIRST, MI):		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH:
KAISER PROVIDER NUMBER OR UPIN:		PATIENT LOCATION OR WARD:	
SURGEON:			
DATE OF SURGERY:		CLINICAL DIAGNOSIS & HISTORY:	
REQUISITION PREPARED BY:			
COLLECTION DATE & TIME:			
COLLECTION NUMBER OF SPECIMENS:		SPECIMEN TIME OUT OF BODY:	TIME INTO FORMALIN:
COLLECTION		ADDITIONAL TESTING <i>(for lab use only)</i>	
SPECIMEN SOURCE: List of Specimens and source (continue on second requisition if needed)			
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		SIGNATURE:	