



AFFIX PATIENT LABEL HERE

NORTHWEST REGIONAL LABORATORY

Surgical Pathology • Inpatient Laboratory Requisition

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