DOWNTIME ANATOMIC PATHOLOGY REQUISITION

NewYork-Presbyterian
Brooklyn Methodist Hospital
506 6th Street Brooklyn, NY 11215
Phone: 718-780-3640

Affix EPIC Patient Label Here

For more information, please visit the BMH Lab Test Directory https://www.testmenu.com/nypbrooklynmethodist.

Patient Information			Ordering Provider
Last Name:	**First Name:**	**MI:**	**Provider Name:**
Gender: □ Male □ Female	**Date of Birth:** _____/_____/_____	**MRN#:**	**Provider Signature:**
Patient Unit Location:	**Unit Phone #:**	**Unit Fax #:**	**Provider CWID:**
Collector Name:	**Collector Title:**	**Collector CWID:**	**Provider Phone:**
Collection Date:	**Collection Time:**	**ICD-10 Codes:**	**Order Date & Time:**

***Note:** All the above fields are mandatory to complete.*

REQUIRED: Significant clinical history, including known cytology and surgical pathology diagnosis or differential diagnosis_____
_____

Treatment:
□ None □ Cautery □ Surgery □ Radiation □ Chemotherapy □ Hormonal
□ Others_____

Surgical Pathology

	Specimen Source: Laterality (L/R), Organ, Procedure (Biopsy, excision, resection, etc.)	Time Placed in Formalin		Specimen Source: Laterality (L/R), Organ, Procedure (Biopsy, excision, resection, etc.)	Time Placed in Formalin
A.			E.		
B.			F.		
C.			G.		
D.			H.		

Cytology - GYN

LMP: _____ **Hysterectomy :** □ Supracervical □ Total

Specimen Source: □ Vaginal □ Cervical □ Endocervical □ ThinPrep Pap □ Conventional Smear

PAP: □ Screening □ Diagnostic □ Previous abnormal PAP History: _____

Additional Orders [Only for ≥21 years old]: □ HPV Test □ HPV Reflex only if abnormal PAP □ HPV Genotyping

Cytology - Non GYN

Specimen Source
□ Ascites □ Pleural □ CSF □ BAL □ Sputum □ Pericardial □ RT □ LT
□ Others _____ □ RT □ LT
Brushing: _____ □ RT □ LT
Washing: _____ □ RT □ LT
Urine: □ Voided □ Catheterized □ Other _____

Fine Needle Aspiration[FNA]

Site: □ U/S □ CT □ EUS □ EBUS □ TBNA

Size: _____ □ Cyst □ Solid □ Solid/Cyst □RT □ LT

Specimen Source: _____ Number of Smears: _____

Additional Studies:_____

CONTACT THE LABORATORY FOR ASSISTNACE WITH ORDERING THE FOLLOWING SENDOUT TESTS:

WEILL CORNELL
- Hematopathology Comprehensive
- Flow Cytometry Only
- Renal
- Consultation
- Neuro
COLUMBIA
- Cytogenetics Post Natal
- Cytogenetics SNP Oligonucleotide Microarray Analysis (SOMA)
- Cytogenetics SOMA Control
- Cytogenetics, Bile Duct Brushings (FISH Only)
- Muscle kit
- Nerve Kit

Internal Lab Use
(Fix Labels here)