



10666 North Torrey Pines Road
La Jolla, CA 92037 Ph#: (858) 554-8605

Place IDX Label Here

SURGICAL PATHOLOGY REQUEST

SERVICE DATE	DR. NO.	SURGEON
	DR. NO.	COPY TO REFERRING PHYSICIAN
D.O.B.	SEX	GYN. CASE: LMP
/ /	M F	/ /

MRN: _____
 Patient Name: _____
 Date of Birth: _____
 Ordering Physician/#: _____

ACCESSION NO. (FOR LAB USE ONLY)	
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RN/TECH:

PATIENT LOCATION	ROOM NO.		OR		APAS		DAY SURGERY		CASE NUMBER
TP PATIENT LOCATION	DERM	GI	GMED	GYN	HNA	PLASS	RADA	URO	OTHER
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLINIC LOCATION	CR	EN	LJOB	MV	RB	RSD	ST	SM	CO OUT
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CO CD	CO SY	CO OC	CO EN	CO CBD	CO ESC	CO HC	CO EL	CO DM
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TISSUE OR ORGAN LOCATION: UPPER, LOWER, LEFT OR RIGHT TYPE OF PROCEDURE

- _____
- _____
- _____
- _____
- _____
- _____

MAJOR CLINICAL DIAGNOSIS

ICD CODES:

PRE OP IMPRESSION: POST OP IMPRESSION:

RELEVANT PAST HISTORY:

PREVIOUS BIOPSY DATE: CYTOLOGY: OUTSIDE SLIDES:

SPECIAL INSTRUCTIONS:

RUSH **TISSUE SUBMITTED (CHECK ALL APPROPRIATE BOXES)**

<input type="checkbox"/> FRESH* See Below for: Flow Cytometry Cytogenetics Muscle Biopsy Liver for Iron Sural Nerve, Arteries	<input type="checkbox"/> FORMALIN FIXED for: Routine Pathology	<input type="checkbox"/> TRANSPORT MEDIA for: Direct Immunofluorescence	<input type="checkbox"/> GLUTARALDEHYDE for: Electron Microscopy	<input type="checkbox"/> OTHER PLEASE SPECIFY
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* CALL OFFICE 858-554-8605
 * USE OR CONSULTATION FORM (BLUE) IF IMMEDIATE DIAGNOSIS IS REQUIRED

DEPARTMENT OF PATHOLOGY

Physician's Signature (Required)



1PATH



PATH 310-7520-4407