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PLACE BARCODE AND TWO ADDITIONAL FORMS OF IDENTIFICATION ON THE BODY OF THE SPECIMEN CONTAINER

SURGICAL PATHOLOGY REQUISITION

1. COLLECTION INFORMATION

Collection Date

Performing Clinician

Send a Copy of Report to

3. PATIENT INFORMATION

Last Name

First Name

SSN

DOB

Sex

Mailing Address

APT #

City

State

Zip

Phone

ID

5. HISTOLOGY

Indicate Site and Specimen Type

A. _____

B. _____

C. _____

D. _____

E. _____

Complete for Breast Specimens

Time of biopsy

Time of placement in fixative

_____am/pm

_____am/pm

Preoperative Diagnosis

Postoperative Diagnosis

Clinical History (please provide as much history as possible)

2. INSURANCE

PCNM Files ALL Insurances

Medicare Medicaid Patient Other

Please attach current insurance card (front and back) or facesheet with additional insurance information.

4. CLINICAL INFORMATION

Indications

- | | |
|---|--|
| <input type="checkbox"/> Bleeding (rectal) | <input type="checkbox"/> Bleeding (GI) |
| <input type="checkbox"/> Change in bowel habits | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Diarrhea (bloody) | <input type="checkbox"/> Diarrhea (watery) |
| <input type="checkbox"/> Diverticulosis | <input type="checkbox"/> Diverticulitis |
| <input type="checkbox"/> Dysphagia | <input type="checkbox"/> Heartburn |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Screening exam |
| <input type="checkbox"/> Pain (location) | <input type="checkbox"/> Reflux |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Other: | |

Special Requests

- | | |
|---|--|
| <input type="checkbox"/> Rule out basal cell carcinoma | <input type="checkbox"/> Rule out Barrett's esophagus |
| <input type="checkbox"/> Rule out squamous cell carcinoma | <input type="checkbox"/> Rule out inflammatory bowel disease |
| <input type="checkbox"/> Rule out dysplasia | <input type="checkbox"/> Rule out fungi |
| <input type="checkbox"/> Rule out <i>H. pylori</i> | <input type="checkbox"/> Rule out other: |

Patient History

- | | |
|--|---|
| <input type="checkbox"/> Basal cell carcinoma | <input type="checkbox"/> Esophagitis |
| <input type="checkbox"/> Squamous cell carcinoma | <input type="checkbox"/> Barrett's esophagus |
| <input type="checkbox"/> Melanoma | <input type="checkbox"/> Reflux esophagitis |
| <input type="checkbox"/> <i>H. pylori</i> | <input type="checkbox"/> History of polyp |
| <input type="checkbox"/> Gastritis | <input type="checkbox"/> Inflammatory bowel disease |
| <input type="checkbox"/> Reactive gastropathy | <input type="checkbox"/> Ischemia |

History of Cancer

- | | |
|--|--|
| <input type="checkbox"/> Personal (type) | <input type="checkbox"/> Family (type) |
|--|--|