



Laboratory Services  
700 Children's Dr.  
Columbus, Ohio 43205  
(614) 722-5477

## SURGICAL SPECIMEN REQUISITION

<b>FULL PATIENT NAME AND SECOND IDENTIFIER (MRN / DOB)</b>	<b>REQUESTING PHYSICIAN INFORMATION</b>
LAST NAME:	PHYSICIAN NAME (PLEASE PRINT):
FIRST NAME:	
DOB / MR #:	EMAIL:
IF AVAILABLE, AFFIX PATIENT LABEL ABOVE	FAX: TELEPHONE:
PATHOLOGY CASE #: <i>(for Pathology use only)</i>	SIGNATURE (REQUIRED):

<b><u>CLINICAL INFORMATION</u></b>	
CLINICAL HISTORY (required):	
PREOP DIAGNOSIS:	
POSTOP DIAGNOSIS:	

SPECIMEN INFORMATION (If more than 3 specimens, please complete additional forms as needed)		
SPECIMEN/PART #:	SPECIMEN/PART #:	SPECIMEN/PART #:
COLLECT DATE/TIME:	COLLECT DATE/TIME:	COLLECT DATE/TIME:
ANATOMIC SOURCE:	ANATOMIC SOURCE:	ANATOMIC SOURCE:
<b>PROCEDURE TYPE:</b> <input type="checkbox"/> BIOPSY <input type="checkbox"/> FNA/CORE <input type="checkbox"/> RESECTION <input type="checkbox"/> OTHER (specify):	<b>SPECIMEN TYPE:</b> <input type="checkbox"/> BIOPSY <input type="checkbox"/> FNA/CORE <input type="checkbox"/> RESECTION <input type="checkbox"/> OTHER (specify):	<b>PROCEDURE TYPE:</b> <input type="checkbox"/> BIOPSY <input type="checkbox"/> FNA/CORE <input type="checkbox"/> RESECTION <input type="checkbox"/> OTHER (specify):
<b>PRESERVATION:</b> <input type="checkbox"/> FRESH <input type="checkbox"/> FORMALIN <input type="checkbox"/> EM FIXATIVE	<b>PRESERVATION:</b> <input type="checkbox"/> FRESH <input type="checkbox"/> FORMALIN <input type="checkbox"/> EM FIXATIVE	<b>PRESERVATION:</b> <input type="checkbox"/> FRESH <input type="checkbox"/> FORMALIN <input type="checkbox"/> EM FIXATIVE
<b>SERVICES REQUESTED:</b> <input type="checkbox"/> FROZEN SECTION ( <b>must be called</b> ) <i>Time pathology called: _____</i> <input type="checkbox"/> SURGICAL PATHOLOGY <input type="checkbox"/> TISSUE FOR RESEARCH <i>Investigator: _____</i> <input type="checkbox"/> ELECTRON MICROSCOPY <input type="checkbox"/> SHARED SPECIMEN ( <i>check this box if this specimen has additional orders in Epic</i> )	<b>SERVICES REQUESTED:</b> <input type="checkbox"/> FROZEN SECTION ( <b>must be called</b> ) <i>Time pathology called: _____</i> <input type="checkbox"/> SURGICAL PATHOLOGY <input type="checkbox"/> TISSUE FOR RESEARCH <i>Investigator: _____</i> <input type="checkbox"/> ELECTRON MICROSCOPY <input type="checkbox"/> SHARED SPECIMEN ( <i>check this box if this specimen has additional orders in Epic</i> )	<b>SERVICES REQUESTED:</b> <input type="checkbox"/> FROZEN SECTION ( <b>must be called</b> ) <i>Time pathology called: _____</i> <input type="checkbox"/> SURGICAL PATHOLOGY <input type="checkbox"/> TISSUE FOR RESEARCH <i>Investigator: _____</i> <input type="checkbox"/> ELECTRON MICROSCOPY <input type="checkbox"/> SHARED SPECIMEN ( <i>check this box if this specimen has additional orders in Epic</i> )

**NOTE: This requisition is for Anatomic Pathology services only. All other labs must be ordered in Epic. These include cytogenetics, molecular genetics, microbiology, PCR, toxicology, hematology, chemistry and any CSF studies such as cytology and cell count.**