

Surgical Pathology Requisition

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Client Demographics

Patient Information/ Label

Name: _____

Medical Record Number: _____

DOB: _____ Age: _____

Billing number: _____

Requisition prepared by: _____ Date of Service: _____ Time of Procedure: _____

Location: OR # _____ CVOR # _____ CT Ultrasound Other _____

CLIENT INFORMATION

Submitting Physician: _____ Primary Physician: _____

Additional Physician with Fax number: _____

CLINICAL INFORMATION

Pre-Operative Diagnosis/ Clinical History: _____

Procedure: _____

SPECIMEN(S) SUBMITTED

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____

ANCILLARY STUDIES

CALL LAB (630-527-3545 or 630-527-3571)

TO NOTIFY THEM TO EXPECT A FRESH SPECIMEN AND DELIVER IMMEDIATELY

Lymphoma/Leukemia studies: (Fresh/RPMI)

Fresh for Chromosomes:

Note: Specimen for Microbiological cultures should be sent separately to Microbiology.