### PATHOLOGISTS CONSULTATION
REQUEST FOR GROSS AND MICROSCOPIC EXAMINATION

<table>
<thead>
<tr>
<th>REQUESTING PHYSICIAN NAME</th>
<th>LOCATION</th>
<th>DATE</th>
<th>TIME</th>
</tr>
</thead>
</table>

**FOR LAB USE ONLY**

<table>
<thead>
<tr>
<th>PHYSICIAN ID #</th>
<th>ACCESSION#</th>
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**REQUIRED INFORMATION**

Date Specimen Received

Hormonal Therapy

LMP

G

P

A

Known or Suspected:

AIDS

Hepatitis

TB

Other

Clinical History/Pertinent Findings:


Circulating RN Name(s)


Specimen

<table>
<thead>
<tr>
<th>Time Tissue Removed From Patient</th>
<th>*Disposition</th>
<th>FS Transport Date/Time</th>
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<tbody>
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A.

B.

C.

D.

E.

F.

G.

H.

I.

J.

*Disposition: Frozen Section = FS  Standard = STAN  □ Products of conception special request = SPEC

Required: Physician’s Signature: ___________________________ Date/Time __________

Original – Medical Records  Yellow Copy – Send with Specimen  Pink Copy – Place in Specimen Log Book

5/13 (Supersedes 2/11) Order Number 132208  DP-2208