Cayuga HEALTH

Department of Laboratories
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Director of Laboratories

Surgical Pathology Requisition

PATIENT/PROVIDER INFORMATION
Print or Affix Label

Last	First	MI	DOB	☐ Male ☐ Female
Street			Account #	
City	State	Zip	Date/Time Collected:	
Ordering Provider: ☐ Collected per Protocol			Copies To:	
☐ Bill Insurance (attach copy of insurance card) ☐ Self Pay				

Pre-Op Diagnosis: _____

Post-Op Diagnosis: _____

Clinical History: _____

SPECIMEN

TISSUE SUBMITTED

1) _____ 5) _____

2) _____ 6) _____

3) _____ 7) _____

4) _____ 8) _____

BREAST TISSUE FIXATION TIME
(required for all breast specimens)

Time removed from patient: _____

Time placed in formalin: _____

FROZEN SECTION DIAGNOSIS:

_____
_____
_____
_____
_____

Dictated by: _____

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