Cayuga HEALTH SYSTEM

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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