Clinical Laboratory
Surgical Pathology
600 Highland Avenue
Madison, WI 53792-2472
Phone: (608) 263-8443
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Tissue Examination Request Form

PATIENT INFORMATION

LAST NAME FIRST NAME M.I.

MRN

DOB

SEX: MALE FEMALE

PATH NO. (PATH USE ONLY)

COLLECTION / REPORTING INFORMATION

COLLECT DATE / /

COLLECT TIME

ORDERING LOCATION

ATTENDING CLINICIAN: CONTACT TEL. NO.

REFERRING CLINICAN: CONTACT TEL. NO.

When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

BRIEF HISTORY/CLINICAL INFORMATION AND PREOPERATIVE DIANOSIS

SPECIMEN INFORMATION

SPECIMEN #	ANATOMIC LOCATION TYPE OF TISSUE	SPECIAL INSTRUCTIONS (E.G., INTRA-OP CONSULTATION, LYMPHOMA WORK-UP, RETURN EXPLANT TO PATIENT)