

McLaren Print System Order

Order No: 51037
 Order Date: 2019-12-16
 User: Lori Pidick
 Phone: 810-989-3320

Ship Location: McLaren Port Huron
 1221 Pine Grove Avenue
 Port Huron, MI 48060

Forms
 Quantity: 24
 Paragon Dept No: 8165
 Dept Name: Materials Management
 Company Number: 480

Order Total Price: 984.00

Item Number: 388
 Item Description: SURGICAL-CYTOLOGY FORM 4 PART
 Revision Date: 12/2014
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Misc Info: 100 sets per package; SS; black; 4 PART

The form is a 'Surgical/Cytology Request Form' from McLaren Port Huron. It includes fields for patient identification, clinical history, procedure details, and various laboratory tests. The form is divided into several sections:

- McLaren PORT HURON** (1221 Pine Grove, Port Huron, MI 48060)
- Administrative/Insurance** (Name, Address, City, State, Zip, Insurance Carrier, Policy No., Referring Physician, Order to)
- Patient Identification** (Name, Room No., Bed No., Date of Birth, Sex, Race, Ethnicity)
- Surgical/Cytology Request Form** (Date Collected, Time, Site, Ordering Physician, Order to)
- CLINICAL HISTORY/DIAGNOSIS/OPERATIVE/ENDOSCOPIC FINDINGS** (Text area)
- OB-GYN CLINICAL HISTORY** (Gestational weeks, High Risk, Abnormal Bleeding, etc.)
- PROCEDURE** (Type of procedure, e.g., Excisional, Biopsy, etc.)
- SURGICAL SPECIMENS (SITE)** (Numbered list for specimen sites)
- CYTOLOGY SPECIMENS (SITE)** (Numbered list for cytology specimen sites)
- ADDITIONAL REQUESTS ON SURGICALLY/BIOPSY SPECIMENS ONLY** (Cell Count, Histology, etc.)
- SPECIMEN SOURCE** (Aerobic Culture, Anaerobic Culture, Gram Stain, etc.)
- STILLBORN FETUS** (Less than 35 weeks or 400 grams)
- LAB USE ONLY FOR INTRAOPERATIVE CONSULTATION**
- Signature of Pathologist** (Date, Time)
- Barcode** (Physician Order Link, YOLAP Form 388 12/14)

Spec Info: