McLaren Business Products

McLaren Print System Order

Order No: 47476
Order Date: 2019-08-05
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 order; SS; black; 4 PART

McLaren
PORT HURON
1221 Pine Grove, Port Huron, MI 48060
Surgical/Cytology Request Form
Patient Identification
CLINICAL HISTORY/DIAGNOSIS/OPERATIVE/ENDOSCOPIC FINDINGS
OB/GYN CLINICAL HISTORY
PROCEDURE
SURGICAL SPECIMENS (SITE)
CYTOLOGY SPECIMENS (SITE)
ADDITIONAL REQUESTS ON SURGICAL/CYTOLOGY SPECIMENS ONLY
CELL COUNT
AMYLASE
CHOLESTEROL
GLUCOSE
LDH
PROTEIN
OTHER
SPECIMEN SOURCE:
AEROBIC CULTURE + GRAM STAIN
AEROBIC/ANAEROBIC CULTURE +GRAM STAIN
TB CULTURE + AFB SMEAR
FUNGAL CULTURE
VIRUS, COMPREHENSIVE DETECTION
OTHER
STILLBORN FETUS: (LESS THAN 20 WEEKS OR 400 GRAMS)
EXTERNAL GROSS EXAMINATION ONLY UNLESS BOX BELOW CHECKED AND SIGNED
DISSECTION/MICROSCOPIC EXAMINATION
Physician/Nurse Signature
Date / Time
LAB USE ONLY FOR INTRAOPERATIVE CONSULTATION
I, the undersigned pathologist, have confirmed the patient's identification and verbally delivered the report to the submitting clinician.
Signature of Pathologist
Date / Time
Physician Order Lab
"POLAR" Form 388 12/14
Distribution: Original to Records
Copy 2 to Surgical
Copy 3 to Cytology
Copy 4 to Clinical Lab

Spec Info: