

McLaren Print System Order

Order No: 58242
Order Date: 2020-11-06
User: Lori Pidick
Phone: 810-989-3320

Ship Location: McLaren Port Huron Receiving Dock
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 image shows a detailed 'Surgical/Cytology Request Form' from McLaren Port Huron. The form is divided into several sections for data entry:

- Header:** McLaren logo and 'PORT HURON' text.
- Administrative:** Fields for 'Specimen Number', 'Request Date', 'Request Time', and 'Patient Identification'.
- Requester Information:** 'Surgical/Cytology Request Form' title, 'Date Collected', 'Time', 'Initials', and 'Ordering Physician'.
- Clinical History:** Two columns for 'CLINICAL HISTORY (DIAGNOSIS/OPERATIVE/ENDOSCOPIC FINDINGS)' and 'ONSET'S CLINICAL HISTORY'.
- Procedure:** 'SECTION W/BL. QUANTITY' with 'NO' and 'YES' options.
- Specimens:** 'SURGICAL SPECIMENS (SITE)' and 'CYTOLOGY SPECIMENS (SITE)' with checkboxes for various specimen types like 'SPUSHINGS', 'CSP', 'FN', 'GYN/HP', 'PERITONEAL FLUID', 'PLURAL', 'SPUTUM', 'URINE', 'WASHINGS', 'PNEUMOCOCCUS STAIN', and 'OTHER'.
- Additional Requests:** 'ADDITIONAL REQUESTS ON SURGICAL/CYTOLOGY SPECIMENS ONLY' with checkboxes for 'CELL COUNT', 'HIFYLASE', 'GROSS/PERIOL', 'GLUCOSE', 'LEH', 'PROTEIN', and 'OTHER'.
- Specimen Source:** 'SPECIMEN SOURCE' with checkboxes for 'AEROBIC CULTURE + GRAM STAIN', 'AEROBIC/ANAEROBIC CULTURE + GRAM STAIN', 'TB CULTURE + AFB SMEAR', 'FUNGAL CULTURE', 'VIRAL COMPREHENSIVE DETECTION', and 'OTHER'.
- Special Instructions:** 'STILLBORN FETUS: LESS THAN 20 WEEKS OR 400 GRAMS' and 'EXTERNAL GROSS EXAMINATION ONLY UNLESS BOX BELOW CHECKED AND SIGNED'.
- Signatures:** 'Physician/Physician Assistant' and 'Date, Time' fields.
- Footer:** '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.', 'Physician Order Log', 'McLaren Form 388 12/14', and 'Distribution: Original to Requester, Copy to Pathology, Copy to the Ordering Lab, Copy to the Clinical Lab'.

Spec Info: