

McLaren Print System Order

Order No: 69196
 Order Date: 2022-04-21
 User: Stefanie Sedwick
 Phone: 8109893192

Ship Location: McLaren Port Huron- Basement Pre-Admission Attn: Stefanie
 1221 Pine Groove Ave
 Port Huron, MI 48040

Forms
 Quantity: 10
 Paragon Dept No: 24485
 Dept Name: Pre-Admission Testing
 Company Number: 480

Order Total Price: 410.00

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

McLaren
 PORT HURON
 1221 Pine Groove, Port Huron, MI 48060

Surgical/Cytology Request Form

Form contains multiple sections for data entry:

- Patient Identification:** Name, MRN, Date of Birth, Sex, Race, Ethnicity, Religion, Marital Status, Social Security Number, Insurance Carrier, Insurance ID Number.
- Clinical History (Diagnosis/Operative/Endoscopic Findings):** Text area for clinical notes.
- OB-GYN Clinical History:**
 - Gravida: _____ Parity: _____
 - High Risk: Yes No
 - Abuse: Yes No
 - Sexual: Yes No
 - Abnormal Bleeding: Yes No
 - LEEP: Cervical Intraepithelial Neoplasia (CIN) I CIN II CIN III
 - HPV: Positive Negative
 - Radiation: Yes No
- Procedure:**
 - Specimen Site(s): NO YES
 - Surgical Specimens (Site): _____
 - Cytology Specimens (Site):
 - Sputum
 - CSF
 - PSA
 - Urine
 - Peritoneal/Pericardial
 - Pleural
 - Sputum
 - Urine
 - Washings
 - Pap Smear/Other
 - Additional Requests on Surgically/Other Specimens Only:
 - Cell Count
 - HPV
 - Cholesterol
 - Glucose
 - LDH
 - Protein
 - Other
 - Specimen Source:
 - Aerobic Culture + Gram Stain
 - Aerobic/Aerobic Culture
 - Gram Stain
 - TB Culture + AFB Smear
 - Fungal Culture
 - Viral Comprehensive Detection
 - Other
- Stillborn Fetus (Less than 20 Weeks or 400 Grams):**
 - External Gross Examination Only Unless Box Below Checked and Signed: YES NO
 - Dissection/Microscopic Examination: YES NO
- LAB USE ONLY FOR INTRAOPERATIVE CONSULTATION:** _____

Signature of Pathologist: _____ Date: _____

Signature of Submitter: _____ Date: _____

Barcode: _____ Physician Order Lab: _____ "MCL" Form 388 12/14 Distribution: Original to Requester, Copy to Pathology, Copy to the Submitter, Copy to the Clinical Lab

Spec Info: