

McLaren Print System Order

Order No: 71863 Reprint Previous Order No: 45558
Order Date: 2022-08-23
User: Pamela Snear
Phone: 810-989-3520

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

Forms
Quantity: 2
Paragon Dept No: 30610
Dept Name: 4N FBP
Company Number: 480

Order Total Price: 82.00

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)
- Patient Identification** (Name, MRN, etc.)
- Surgical/Cytology Request Form** (Date Collected, Time, Site, Ordering Physician, Origin, Origin To)
- CLINICAL HISTORY (DIAGNOSIS-OPERATIVE-ENDOSCOPIC FINDINGS)** and **OB-GYN CLINICAL HISTORY** (e.g., CLUMP, HIGH RISK, etc.)
- PROCEDURE** (e.g., MYOMYOMECTOMY, etc.)
- SURGICAL SPECIMENS (SITE)** (e.g., SPUSHINGS, etc.)
- CYTOLOGY SPECIMENS (SITE)** (e.g., CDP, etc.)
- ADDITIONAL REQUESTS IN SURGICAL/CYTOLOGY SPECIMENS ONLY** (e.g., CELL COUNT, etc.)
- SPECIMEN SOURCE** (e.g., AEROBIC CULTURE, etc.)
- STILLBORN FETUS** (LESS THAN 20 WEEKS OR 400 GRAMS)
- LAB USE ONLY FOR INTRAOPERATIVE CONSULTATION**
- Signature of Pathologist** and **Date/Time**