

McLaren Print System Order

Order No: 74095
 Order Date: 2022-12-09
 User: tracey sheridan
 Phone: 9893280

Ship Location: mclaren port huron 2nd floor wismer pre-op attent tracey
 1221 pine grove
 port huron,, 48060

Forms

Quantity: 2
 Paragon Dept No: 28575
 Dept Name: post anesthesia care unit
 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:
 Poster:
 Misc Info: 100 sets per package; SS; black; 4 PART

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

Surgical/Cytology Request Form

Form Information: Name, Date, Initials, Submitting Physician, Copies To

CLINICAL HISTORY/DIAGNOSIS/OPERATIVE/ENDOSCOPIC FINDINGS

OB/GYN CLINICAL HISTORY

PROCEDURE

ANATOMY SALIVARIANITY NO YES

SURGICAL SPECIMENS (SITE)

CYTOLOGY SPECIMENS (SITE)

ADDITIONAL REQUESTS ON SURGICAL/CYTOLOGY SPECIMENS ONLY

LAB TESTS IN BODY FLUIDS ONLY

IMMUNOLOGY (SERUM/PLASMA ONLY)

SPECIMEN SOURCE

STILLBORN FETUS: LESS THAN 20 WEEKS OR 400 GRAMS

EXTERNAL GROSS EXAMINATION ONLY UNLESS BOX BELOW CHECKED AND SIGNED

DIRECT/ON MICROSCOPIC EXAMINATION

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: _____

Revision Order Lab: "POLAR" Form 988 12/14

Distribution: Original to Requester, Original to Hospital, Copy to Pathologist, Copy to Submitting Lab

Spec Info: