

McLaren Print System Order

Order No: 77613
 Order Date: 2023-05-31
 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 includes sections for:

- Patient No. and Patient Identification
- CLINICAL HISTORY/DIAGNOSIS/OPERATIVE/ENDOSCOPIC FINDINGS
- OB/GYN CLINICAL HISTORY
- PROCEDURE
- ANATOMY (NO/YES)
- SURGICAL SPECIMENS (SITE)
- CYTOLOGY SPECIMENS (SITE)
- ADDITIONAL REQUESTS ON SURGICAL/CYTOLOGY SPECIMENS ONLY
- LAB TESTS IN BODY FLUIDS ONLY
- IMMUNOFLUORESCENCE/FAST ANALYSE
- SPECIMEN SOURCE
- STILLBORN FETUS: LESS THAN 20 WEEKS OR 400 GRAMS
- EXTERNAL GROSS EXAMINATION ONLY UNLESS BOX BELOW CHECKED AND SIGNED
- DIRECTION/MICROSCOPIC EXAMINATION
- LAB USE ONLY FOR INTRAOPERATIVE CONSULTATION

Signature of Pathologist: _____ Date: ____/____/____

Signature of Pathologist: _____ Date: ____/____/____

Barcode: [Barcode]

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

Distribution: Original to Requester, Original to Registrar, Copy to Pathologist, Copy to Billing Lab.

Spec Info: