

McLaren Print System Order

Order No: 79564
 Order Date: 2023-09-21
 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

The form is titled "McLaren PORT HURON" and includes the address "1221 Pine Grove, Port Huron, MI 48060". It is a "Surgical/Cytology Request Form" with fields for "Patient No.", "Patient Identification", "Submitting Physician", and "Specimen To".

Key sections include:

- CLINICAL HISTORY/DIAGNOSIS/OPERATIVE/ENDOSCOPIC FINDINGS**
- OB/GYN CLINICAL HISTORY** (with checkboxes for GYN, HIGH RISK/PT, ANUS, ADUS, TVL, HBL, MENOPAUSE/SURGICAL, BOP, ADRENAL THERAPY, HYSTERECTOMY, UMB, POSTPARTUM, PREPART, SAGITTAL, OTHER)
- PROCEDURE**
- ANATOMY SALIVARIETY** (NO/YES)
- SURGICAL SPECIMENS (SITE)** (1-10) with checkboxes for BRUSHINGS, CDP, PSA, GYN/TAP, PERITONEAL/PLAS, PLURAL, SPUTUM, URINE, WASHINGS, PNEUMOCYSTIS STAIN, OTHER.
- CYTOTOLOGY SPECIMENS (SITE)** (1-10)
- ADDITIONAL REQUESTS ON SURGICAL/CYTOTOLOGY SPECIMENS ONLY** (LIP TEST IN BOP/ADRENAL, CELL COUNT, AMPLASE, DNA/ESTEROL, GLUCOSE, LEH, PROTEIN, OTHER).
- IMMUNOLOGY/BIOPSY/BIOPSY ANALYSE** (IF SUBMITTED SEPARATE FROM SURGICAL SPECIMENS IN SEPARATE CONTAINER)
- SPECIMEN SOURCE** (AEROBIC CULTURE + GRAM STAIN, AEROBIC/ANAEROBIC CULTURE, GRAM STAIN, TB CULTURE + AFB SMEAR, FUNGAL CULTURE, VIRUS COMPREHENSIVE DETECTION, OTHER).
- STILLBORN/FETUS: LESS THAN 20 WEEKS OR 400 GRAMS** (EXTERNAL GROSS EXAMINATION ONLY UNLESS BOX BELOW CHECKED AND SIGNED, DISSECTION/MICROSCOPIC EXAMINATION).
- LAB USE ONLY FOR INTRAOPERATIVE CONSULTATION**

At the bottom, there is a signature line for the pathologist and a barcode with the text "Physician Order Lab 'POLAB' Form 998 12/14".

Spec Info: