

**McLaren Print System Order**

**Order No: 81028 Reprint Previous Order No: 45558**  
**Order Date: 2023-11-08**  
**User: Rebecca Kleeves**  
**Phone: 8199893360**

**Ship Location: McLaren Port Huron 2S Surgical Services office Attn: Becky Kleeves**  
**1221 Pine Grove Ave**  
**Port Huron, MI 48060-3568**

**Forms**  
**Quantity: 6**  
**Paragon Dept No: 28550**  
**Dept Name: Surgical Services**  
**Company Number: 480**

**Order Total Price: 246.00**

**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 Grove, Port Huron, MI 48060

**Surgical/Cytology Request Form**

CLINICAL HISTORY (DIAGNOSIS/OPERATIVE/ENDOSCOPIC FINDINGS)  
 OB-GYN'S CLINICAL HISTORY  
 CLUMP  
 HIGH RISK  
 ASCUS  AGUS  
 NIL  HNS  
 ABNORMAL BLEEDING  
 DESP  HORIZONTAL TUBERTY  
 CHRYSTAL  
 PMS  POSTMENSTRUAL  PREMENSTRUAL  
 ANOVULATION

**PROCEDURE**  
 SECTION USE ONLY  NO  YES  
**SURGICAL SPECIMENS (SITE)**  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_  
 7. \_\_\_\_\_  
 8. \_\_\_\_\_  
 9. \_\_\_\_\_  
 10. \_\_\_\_\_

**CYTOLOGY SPECIMENS (SITE)**  
 BRUSHINGS  
 DDP  
 PNA  
 GRASP  
 PERITONEAL FLUID  
 PLEURAL  
 SPUTUM  
 URINE  
 WASHINGS  
 PNEUMOCOCCUS STAIN  
 OTHER

**ADDITIONAL REQUESTS ON SURGICAL/CYTOLOGY SPECIMENS ONLY**  
 LAB TESTS IN DIFFERENTIAL  
 CELL COUNT  
 HRP/LABE  
 CHEMISTRY/ENZYME  
 GLUCOSE  
 LEH  
 PROTEIN  
 OTHER

**SPECIMEN SOURCE**  
 AEROBIC CULTURE + GRAM STAIN  
 AEROBIC/ANAEROBIC 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  
 DIRECTION/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/Time \_\_\_\_\_

Physician Order Log  
 "OLAP" Form 388 12/14  
 Distribution: Original to Receiver  
 Copy to Pathologist  
 Copy to the Clinical Lab