McLAREN CENTRAL MICHIGAN
1221 SOUTH DRIVE, MT. PLEASANT, MI 48858

PATHOLOGY REQUEST

3 Hole 1/4 4 1/4 c-to-c

Referred Specimen, Attach Patient Demographics

PATIENT LABEL

PATIENT NAME (LAST NAME FIRST)

PATHOLOGY NUMBER

☐ FROZEN SECTION

ORDERING PHYSICIAN:

☐ PATHOLOGY DISCRETION

O.R. ROOM #

BIRTHDATE (MO/DA/YR) | AGE | MALE | FEMALE | SURGEON | DATE OF SURGERY

HISTOLOGY

CLINICAL HX / PRE-OP DIAGNOSIS

SURGICAL PROCEDURE

SOURCE OF SPECIMEN

#1

TIME _____ STAFF INITIALS_____

NON-GYN CYTOLOGY

Non GYN Cytology Number: | DATE REC'D | INITIAL

SOURCE OF SPECIMEN

☐ FINE NEEDLE ASPIRATION
SPECIFY SITE:
- ☐ BREAST LUMP L R
- ☐ BREAST CYST L R
- ☐ THYROID LUMP L R
- ☐ THYROID CYST L R
- ☐ LUNG L R
- ☐ LIVER L R

☐ PERITONEAL
☐ PLEURAL L R
☐ URINE
☐ BLADDER WASH
☐ OTHER (SPECIFY):

☐ SPUTUM
☐ BRONCHIAL
- ☐ BRUSH L R
- ☐ WASH L R

NON-GYN CLINICAL HISTORY

Physician Signature: _____

3115B

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