

Pathology Specimen Request

For lab use only

Date Received: Initial:

Time Received: Accession#:

Patient Information

Name:

ID/CPR: Nationality:

DOB: (dd/mm/yyyy) Male Female

Phone:

Treating Physician

Name:

Facility/Institution:

Signature:

Stamp:

Specimen Information

Tissue specimen: Formalin Michel's (DIF) Other

Paraffin block: Tissue (cell) block(s)

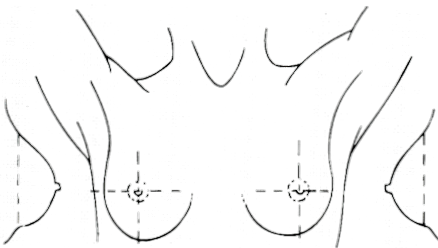
Date collected: Time collected:

Required

Form completed by:

Date: Phone:

Specimen	Site	Procedure, Clinical Hx and Dx being considered
A		
B		
C		
D		
E		



Breast Pathology

If breast CA, Reflex to IHC studies

Radiological Findings

Normal Suspicious
 Cancer Calcification
 Other

