

Surgical Pathology Requisition
(Send with tissue to Gross Room)

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***Required Fields**

*Date of Procedure: _____ *Time: _____
*Service: _____
*Ordering Physician: _____
*UTSW ID#: _____ Beeper#: _____
Resident: _____ Beeper: _____
*Patient Location (OR/Suite #): _____
 CUH ZLUH Aston OPB Other: _____

Patient Demographic
(Affix patient label here)

MRN:
Name:
HAR/Account #:
DOB:
Sex:
CSN:

Lab Use Only

Surgical Pathology #:

Date in Lab:
Time in Lab:

Clinical Diagnosis:

Clinical History and /or Radiologic findings:

Prior treatment: Radiotherapy Chemotherapy Other (please specify below)

Special Requests:

Operative Procedure:

Source of Specimens:

A(1).	K(11).
B(2).	L(12).
C(3).	M(13).
D(4).	N(14).
E(5).	O(15).
F(6).	P(16).
G(7).	Q(17).
H(8).	R(18).
I(9).	S(19).
J(10).	T(20).

Medical Necessity: Practitioners should only order tests that are medically necessary for the diagnosis or treatment of a patient. Tests for screening purposes may be ordered but may not be reimbursed.

Documentation: Each laboratory test ordered must have the medical necessity documented in the patient's medical record.