BREAST PATHOLOGY REQUISITION

WellSpan® Lab Services

YORK HOSPITAL – ANATOMIC PATHOLOGY
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GETTYSBURG HOSPITAL-LABORATORY
147 Gettys Street, Gettysburg, PA 17325
Telephone (717) 337-4120

Lab use only: Encounter # _____ MR# _____ Accession# _____

Patient's Full Name:	
Address: City: State: Zip Code:	
MR# or SS#: **DOB: / /** ☐ Male ☐ Female	

Submitting Practitioner's PRINTED Full Name:

Submitting Practitioner's SIGNATURE:

Address: Phone: Copy To:

INSURANCE: For outpatients, copy front and back of insurance card(s) and attach to requisition
*****ICD Diagnosis Code(s) REQUIRED *****

ICD DX Code(s): **A.**   **B.**   **C.**

Collection Date: /   /   ☐ **Priority**   ☐ Correlating Cytology Specimen Submitted

Removal Time: **Time Placed into Formalin:** **Specimen #: A**	**Removal Time:** **Time Placed into Formalin:** **Specimen #: B**	**Removal Time:** **Time Placed into Formalin:** **Specimen #: C**
☐ **Left** ☐ **Right** ____ **o'clock** **Specific Location:**	☐ **Left** ☐ **Right** ____ **o'clock** **Specific Location:**	☐ **Left** ☐ **Right** ____ **o'clock** **Specific Location:**

Procedure:
☐ MRI Guided Core
☐ Stereotactic Core
☐ Ultrasound Guided Core
☐ Excisional Biopsy
  ☐ Needle Localization
  ☐ MRI/US Guided
  ☐ Partial Mastectomy
Target/History:
☐ Calcifications
☐ Known Cancer
☐ Nodule/Density
☐ Other
	Procedure:
	☐ MRI Guided Core
	☐ Stereotactic Core
	☐ Ultrasound Guided Core
	☐ Excisional Biopsy
	  ☐ Needle Localization
	  ☐ MRI/US Guided
	  ☐ Partial Mastectomy
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		Target/History:
		☐ Calcifications
		☐ Known Cancer
		☐ Nodule/Density
		☐ Other

Total # of Cores:	**Total # of Cores:**	**Total # of Cores:**
# of Cores/Passes per Cassette: **1:** **3:** **2:** **4:**	**# of Cores/Passes per Cassette:** **1:** **3:** **2:** **4:**	**# of Cores/Passes per Cassette:** **1:** **3:** **2:** **4:**
Accugrid Coordinates/Comments:	Accugrid Coordinates/Comments:	Accugrid Coordinates/Comments:
Long Stitch: Short Stitch: Single Stitch: Ink:	Long Stitch: Short Stitch: Single Stitch: Ink:	Long Stitch: Short Stitch: Single Stitch: Ink:

Form# 817 (rev 4/14)   **Form Completed By: _____**