



SURGICAL PATHOLOGY REQUISITION

YORK HOSPITAL – ANATOMIC PATHOLOGY
 1001 South George Street, York, PA 17405
 Telephone (717) 851-5001, Fax (717) 851-5114

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: / / | <input type="checkbox"/> Male <input type="checkbox"/> 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* | |
| Collection Date: / / | <input type="checkbox"/> Priority <input type="checkbox"/> Correlating Cytology Specimen Submitted |

| Specimen Number | Specimen Site / Description | Procedure | Removal Time | Time into Formalin | ICD Codes |
|-----------------|-----------------------------|-----------|--------------|--------------------|-----------|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |
| I | | | | | |
| J | | | | | |
| K | | | | | |
| L | | | | | |

REQUIRED: Clinical History/Symptoms/Diagnosis/Gestational Age:

ADDITIONAL SPECIMEN INFORMATION

| Specimen Number | Specimen Site / Description | Procedure | Removal Time | Time into Formalin | ICD Codes |
|-----------------|-----------------------------|-----------|--------------|--------------------|-----------|
| M | | | | | |
| N | | | | | |
| O | | | | | |
| P | | | | | |
| Q | | | | | |
| R | | | | | |
| S | | | | | |
| T | | | | | |
| U | | | | | |
| V | | | | | |
| W | | | | | |
| X | | | | | |

All information requested on this form is needed to ensure optimal diagnostic evaluation.

Patient information:

All information is needed for appropriate billing.

Specimen containers:

If more than one specimen, each container must be recorded sequentially and lettered.

Each container must include two patient identifiers.

For adequate fixation formalin volume should be at least 10 times specimen size.

Correlating Cytology Specimens:

Do not record any cytopathology specimens on this requisition, use form #3007.

Collection Date/Procedure/ICD Codes/Clinical History:

Utilized for correct billing and optimal diagnostic evaluation

Removal Time/Time into Formalin:

Removal time equals the time the specimen was surgically removed from the patient.

Time into formalin equals the time the specimen was placed into 10% buffered formalin.

Equates to the ischemic time of the tissue/tumor; important for immunohistologic evaluations.

All routine surgical specimens should be submitted in 10% buffered formalin.

A minimum fixation time of 8 hours provides optimal diagnostic material.

All specimens requiring special fixatives or special handling are best executed by calling the Department of Anatomic Pathology at least 24 hours prior to the procedure. For York Hospital call 851-5001 and for Gettysburg Hospital call 337-4120.

Information may also be attained by accessing the Lab Services website at www.wellspanlabs.org.