

HEMATOPATHOLOGY REQUISITION

EPHRATA COMMUNITY HOSPITAL

169 Martin Avenue, Ephrata PA 17522 Telephone (717) 738-6415, Fax (717) 738-6533

GOOD SAMARITAN HOSPITAL

252 S. 4th St., Lebanon, PA 17042 Telephone (717) 270-7550, Fax (717) 270-7954 **GETTYSBURG HOSPITAL-LABORATORY** 147 Gettys Street, Gettysburg, PA 17325

Telephone (717) 337-4120

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

Pathologist Directed Ancillary Test Orders for Blood or Bone Marrow

ALL COLLECTION FACILITIES ORDER: HEMATOPATHOLOGY ORDER	ALL	COLLECTION	FACILITIES	ORDER:	HEMATO	OPATHOL	.OGY	ORDER
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(4 Lav 4ml + 1 Gr NaHep 10ml, M-F, Outpatients received at hospital by 1400, Inpatients collect between 0300-1400) Lab use only: Encounter # MR# Accession#									
Patient's Full Name:									
Address:	City:	State:	Zip Code:						
MR# or SS#:	DOB: /	1	🗆 Male 🛛 Female						
Г									
Submitting Practitioner's PRINTED Full Name:									
Address:	Phone:	Сору То:							
INSURANCE: For outpatients, copy front and back of insurance card(s) and attach to requisition									
ICD DX Code(s): 1.	*****ICD Diagnosis Coo 2.	de(s) <u>REQUIRED</u> ***** 3.	4.						
Collection Date: /		ection Time:	7.						
SPECIMEN INFORMATION (Check All that Apply)									
Peripheral Blood									
□ Bone Marrow: □ Posterior Iliac Crest: □ Left □ Right □ Sternum □ Other:									
□ Aspirate Smear/Touch Preps □ Clot □ Biopsy □ Cultures □ Iron Stain: □ Aspirate □ Biopsy									
		Iron St	ain Result:						
CLINICAL INFORMATION (Required by Federal Regulations)									
Diagnosis Under Consideration:									
Relevant Medications/Treatment:									
Special Diagnostic Considerations:									