SURGICAL PATHOLOGY AND CYTOLOGY REQUISITION

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Patient Demographics

PATIENT NAME (Last) (First) (MI)

DATE OF BIRTH | GENDER: ☐ MALE ☐ FEMALE

ADDRESS

CITY STATE ZIP

HOME PHONE SOCIAL SECURITY #

Ordering Physician Information

NAME & CREDENTIALS (Printed)

PHYSICIAN SIGNATURE

PRACTICE NAME AND ADDRESS PHONE:

COPY RESULTS TO:

Clinical History / Diagnosis / Operative Findings

Insurance Details (Please attach copy of insurance card, front & back)

ICD-10 (Required) 1._____ 2._____ 3. _____

Collection Information

COLLECTOR:_____ DATE: _____/_____/_____ TIME:_____

SURGICAL PATHOLOGY TISSUE SPECIMENS (Additional Specimen IDs on back)

Specimen ID	Specimen Site / Description	Procedure	Removal Time	Time into Formalin
A				
B				
C				
D				
E				
F				

GYN CYTOLOGY (PAP TEST)

Last Menstrual Period (LMP): _____/_____/_____ SOURCE: ☐ CERVIX ☐ VAGINA ☐ Other:_____

Test Requested (select one):

- ☐ Pap Only
- ☐ Pap + HPV (Any Diagnosis)
- ☐ Pap + HPV (Reflex if ASC-US)
- ☐ HPV Only

Additional Tests Available:

- ☐ Chlamydia and Gonorrhea Screen
- ☐ Trichomonas Screen

Current Clinical Findings:

- ☐ Abnormal or Postmenopausal Bleeding
- ☐ Breastfeeding
- ☐ BCPs / Depo Provera
- ☐ Estrogen / Hormonal Therapy
- ☐ IUD
- ☐ Patient's First Pap
- ☐ Postmenopausal
- ☐ Post Partum
- ☐ Pregnant
- ☐ Radiation / Chemotherapy
- ☐ Supracervical Hysterectomy
- ☐ Total Hysterectomy
- ☐ Visible Lesion on Pelvic Exam

Previous Abnormal Findings:

- ☐ Last Pap - ASC-US/HPV+
- ☐ Previous ASC-H (past 5 years)
- ☐ Previous Atypical Glandular Cells
- ☐ Previous Cancer (Cervical)
- ☐ Previous Cancer (Ovarian)
- ☐ Previous Cancer (Uterine/Endometrial)
- ☐ Previous HPV Genotype 16 or 18/45+
- ☐ Previous HPV+ (past 5 years)
- ☐ Previous HSIL
- ☐ Previous LSIL (past 5 years)
- ☐ Other: _____

NON-GYN CYTOLOGY

URINE SOURCE: ☐ Voided ☐ Catheterized ☐ Cystoscopic ☐ Bladder ☐ Kidney, Right ☐ Kidney, Left ☐ Other:_____

☐ Abscess ☐ Body Fluid ☐ Bronchial Lavage ☐ Brush ☐ CSF ☐ Cyst ☐ Fine Needle Aspirate (FNA) ☐ Smear/Scrape ☐ Sputum ☐ Wash

SOURCE:_____ ☐ Right ☐ Left Air-Dried Slides # _____ Fixed Slides # _____

Lab Use: Volume Received:_____ Specimen Description upon receipt:_____

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ADDITIONAL SURGICAL SPECIMEN INFORMATION

PATIENT NAME (Last) (First) (MI) **DOB:**

Specimen ID	Specimen Site / Description	Procedure	Removal Time	Time into Formalin
G				
H				
I				
J				
K				
L				
M				
N				

SURGICAL SPECIMEN REQUIREMENTS

✸ **Specimen Containers:**

- If more than one container, each container must be recorded sequentially and lettered.
- Each container must contain 2 patient identifiers.
- For adequate fixation, formalin volume should be at least 10 times specimen size.

✸ **Clinical History and Operative Findings:**

- Provide the appropriate ICD code for testing.
- Provide any relevant history and clinical information for optimal diagnostic interpretation and insurance/billing.

✸ **Removal Time / Time into Formalin:**

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

- Removal time - the time the specimen was surgically removed from the patient.
- Time into formalin - the time the specimen was placed into 10% buffered formalin.
- Specimens should be placed into formalin within 60 minutes of removal.

WELLSPAN PATHOLOGY LABORATORY LOCATIONS

YORK	ADAMS	LANCASTER	LEBANON
York Hospital 1001 South George St. York, PA 17403 Phone: (717) 851-5001 Fax: (717) 851-5114	**Gettysburg Hospital** 147 Gettys St. Gettysburg, PA 17325 Phone: (717) 337-4120 Fax: (717) 337-4236	**Ephrata Community Hospital** 169 Martin Avenue Ephrata, PA 17522 Phone: (717) 738-6415 Fax: (717) 738-6533	**Good Samaritan Hospital** 252 S. 4th Street Lebanon, PA 17042 Phone: (717) 270-2299 Fax: (717) 272-4931
FRANKLIN	**FRANKLIN**	**UNION**	
Chambersburg Hospital 112 N. 7th St. Chambersburg, PA 17201 Phone: (717) 267-7153 Fax: (717) 267-7127	**Waynesboro Hospital** 501 E. Main St. Waynesboro, PA 17268 Phone: (717) 765-3403 Fax: (717) 765-3415	**Evangelical Community Hospital** 1 Hospital Dr Lewisburg, PA 17837 Phone: (570) 522-2510 Fax: (570) 768-3927	