

Pathology Requisition Aide – 4.2023

Specimen Labels – for each specimen

Use printed labels (Mediatech), or
Label on Formalin Container, or
Included labels

All Labels MUST Include:

- **Full Legal Name**
- **Date of Birth**
- **Specimen Source (be specific)**
- **Collection Date**



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3

Name _____
DOB _____
Specimen Source _____
Collection Date _____

1. The required information has changed.

Enter under **Specimen Source**

- Date
- Cold Ischemia Time
- Time placed in formalin
- Source on Specimen Label
- Source on Requisition

2. Complete ALL patient related information or use pre-printed label. Include location and phone information on each requisition.

3. Specimen source MUST be documented on the requisition and specimen label (s).

BE SPECIFIC

4. Complete

- Pertinent History
- Answer - History of Cancer?
- Choose type of Cancer

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Revised Pathology Requisition

LOGAN HEALTH MEDICAL CENTER PATHOLOGY DEPARTMENT / Glacier Regional Pathology 216 Sawtooth Lane • Kalispell, MT 59901 • (406) 753-1789 • (406) 753-6776 fax				PATHOLOGY REQUISITION	
Place patient label or stamp here:				**REQUIRED INFORMATION** 1 <ul style="list-style-type: none"> • Date • Cold Ischemia Time • Time Placed in Formalin • Document Source on Specimen Label • Document Source on Requisition Originating Location: _____ Phone: _____	
Last Name	First Name	MI	Birthdate	Submitting Physician:	Phone Section
Street Address:	Age #			Copies to:	Telephone #
City	State	Zip		Collection Date:	Initials:
Telephone	Sex	Relationship to Patient		Date Received:	Accession Number:
	M or F	Self Spouse Partner Other			
Physician Name:					
Head	City	Home	Zip		
Insurance Co.	Policy#	Group#			
Address:					
Bill Physician	Bill Patient	Medicaid	Medicare	Medical/Medicaid	
FOR PATHOLOGY USE ONLY: OPERATIVE CONSULTATION / FROZEN SECTIONS					
Specimen Source – Be Specific 3					
1 When ordering tests for which Molecular involvement will be sought, physicians or providers should only order tests that are medically necessary for the diagnosis or treatment of a patient, subject then to covering payment.					
		**Date:		** Cold Ischemia Time:	
		**Time Placed in Formalin:			
Pertinent History – Physical Findings Special Requests – Clinical Diagnosis					
History of Cancer? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown					
If Yes, Choose One: <input type="checkbox"/> Carcinoma <input type="checkbox"/> Sarcoma <input type="checkbox"/> CNS Malignancy <input type="checkbox"/> Lymphoma <input type="checkbox"/> CNS Malignancy <input type="checkbox"/> Melanoma					
WHITE – Lab • YELLOW – Medical Records					