

Listed below are the areas that must be filled out in order for requisition to be processed:

Patient Name
Medical History Number
Date of Birth
Gender

Person Completing Form
Phone Number

Collection Date
Collection Time

Requesting Physician's Number(s)

Location of Patient
 Hospital room no. _____ OR room no. _____
 Clinic dept. _____
 Clinic Ambulatory Surgery _____
 Other _____

Histology Test Requisition

Completed by _____ Phone no. _____
 Collection date _____ Collection time _____ Request dr. no. 1 | 2 | 3

HISTORY - DIFFERENTIAL DIAGNOSIS - PROCEDURE

REASON FOR TESTING (minimum 1 ICD-9 code required)
 Case level ICD-9: _____

PROCEDURE REQUESTED (check one)
 Tissue microscopic exam Gross only Log in only

	Tissue Site Specimen Description - Special Procedures	Specimen Level ICD-9s (if different than Case Level ICD-9)	Derm Path Use Only
<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Formalin	A		<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision
<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Formalin	B		<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision
<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Formalin	C		<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision
<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Formalin	D		<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision
<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Formalin	E		<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision

Additional Specimens (include ICD-9s if different than Case Level)

Charge Codes
 Spec. A _____
 B _____
 C _____
 D _____
 E _____

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