



SPECTRUM HEALTH

LAB #

Patient Name

DOB

CPI

Physician

CSN

Physician's Orders/Downtime LABORATORY REQUISITION - TISSUE PATHOLOGY/HISTOLOGY

*If fresh/intra-procedure consultation is requested, use
Consultation/Downtime TISSUE PATHOLOGY, FRESH/INTRA-PROCEDURE (X12121).*

CLINICAL HISTORY AND DIAGNOSIS

Specimen source/description

Specimen A. _____
B. _____
C. _____
D. _____
E. _____
F. _____
G. _____
H. _____
I. _____

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		VALIDATED:		ORDERED:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
Sign		R.N. Sign		Physician Print		Physician

White — Laboratory

Yellow — Laboratory

Pink — Requesting Department

DO NOT MARK BELOW THIS LINE

BARCODE ZONE

DO NOT MARK BELOW THIS LINE



* X 2 0 3 9 5 *