PATHOLOGY SERVICES LABORATORY, P.A. SERVING PATHENTS AND PROVIDERS SINCE 1975

SURGICAL PATHOLOGY REQUISITION

1430 W C St., Russellville, AR 72801 Phone: (479) 968-6781 or (800) 874-4904

Fax: (479) 968-3074

TO BE COMPLETED BY PSL STAFF	
Date Lab Received:	
Lab Accession #:	

I M E Additional Specimens: Date Collected: Clinical History: Pre-Op Diagnosis: G Submission. Tissue must be submitted in RPMI Media. PERIPHERAL BLOOD SME REVIEW (Attach copy of concept of the company of concept of the company of concept of the company of t								Lab Acc	essio	n #:		
City, State, Zip: Insurance Company Name & ID#: Insurance Company Name & ID#: (Attach copy of insurance card) SURGICAL PROCEDURE SUBMITTING FACILITY ICD-10 SPECIMEN SOURCE(S) ANCILLARY TESTIF FROZEN (Fresh tissue only FLOW (Contact lab prior to submission. Tissue must as ubmitted in RPMI Media. Additional Specimens: Date Collected: Clinical History: Pre-Op Diagnosis: Post-Op Diagnosis: Post-Op Diagnosis:	P	Fir	st Name	Last Name	Mi	ddle Initial	DOB:	S	SN:			
Insurance Company Name & ID#: (Attach copy of insurance card) SURGICAL PROCEDURE SPECIMEN SOURCE(S) ANCILLARY TESTING FROZEN (Fresh tissue only FLOW (Contact lab prior to submission. Tissue must submitted in RPMI Media. Additional Specimens: Date Collected: Clinical History: Pre-Op Diagnosis: Post-Op Diagnosis: Post-Op Diagnosis:	TIEN	Address:			Phone:			☐ Male ☐ Female				
SURGICAL PROCEDURE SUBMITTING FACILITY SPECIMEN SOURCE(S) ANCILLARY TESTING FROZEN (Fresh tissue only FLOW (Contact lab prior t submission. Tissue must t submitted in RPMI Media. Additional Specimens: Date Collected: Clinical History: Pre-Op Diagnosis: Post-Op Diagnosis: Post-Op Diagnosis:		City, State, Zip:				Submitting Facility Patient ID#:						
SPECIMEN SOURCE(S) ANCILLARY TESTING FISH FROZEN (Fresh tissue only FLOW (Contact lab prior t submission. Tissue must t submission. Tissue must t submitted in RPMI Media. Additional Specimens: Date Collected: Time Collected: Pre-Op Diagnosis: Post-Op Diagnosis:	T											
Pre-Op Diagnosis: FISH FROZEN (Fresh tissue only frozen (Fresh tissue only submission. Tissue must submission. Tissue mus			SURGICAL F	PROCEDURE	BETTER S		SUBMITTING FACILIT	ΓY			ICD-10	427
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I ME Additional Specimens: Date Collected: Clinical History: Pre-Op Diagnosis: G Submission. Tissue must be submitted in RPMI Media. PERIPHERAL BLOOD SME REVIEW (Attach copy of concept of the composition of the composi		2			5					FROZEN	(Fresh tissue only)	
Additional Specimens: Date Collected: Clinical History: Pre-Op Diagnosis: PeriPheral BLOOD SME REVIEW (Attach copy of a CBC report) Special Request Pre-Op Diagnosis:		3		1	6					FLOW (Contact lab prior to submission. Tissue must be		
Date Collected: Clinical History: Pre-Op Diagnosis: Time Collected: Post-Op Diagnosis: Time Collected: Post-Op Diagnosis:									_		SAME THE SAME PROPERTY OF THE SAME PARTY OF THE	
Date Collected: Time Collected: CBC report) Clinical History: Special Request Pre-Op Diagnosis: Post-Op Diagnosis:		Additional Specimens.							Ц	REVIEW (Attach copy of current		at.
Clinical History: Pre-Op Diagnosis: Post-Op Diagnosis: Special Request	15)	Date Collected: Time Collected:										
	(3)	Clinical History:						☐ Special		Request	-	
		Pre-Op Diagnosis: Post-Op				t-Op Diagnosis:						
	Ord	Ordering Physician Name:					Ordering Physician Signature:					
Each specimen container must be labeled with the patient's FULL name, a second identifier (DOB or MR#), and source of specimen. The exact spelling of the patient's name and other identifiers should agree with the requisition. Any discrepancies will need to be resolved before we will process the specimen.												