

PATHOLOGY PROCESSING FORM

One Children's Plaza Dayton OH

Patient Information	ORSOS#	
i attent information		

			Tation information ORSOS#			
TISSUE SPECI	IMEN(s) Gross On	lly ☐ Gross ☐ W/Micro	Fresh 🗌	Frozen	Fresh Tissue For Flow Cytometry	
Surgeon or Collected I	By (Print):		Time	Date		
Location of Patient (O.	R. Room # / Clinic / Treats	ment Area)	Con	tact #		
Request Prepared By: _						
Specimens Submitted	:					
A		E				
B		F				
C		G				
D		Н				
Pre-Operative Diagnosi	s:					
Post-Operative Diagno	sis: Same 🔲					
Procedure:						
Pertinent Clinical History: (Include location, duration of lesion and rapidity of growth)						
		Pł	nysician's Signa	ture		
//////////////////////////////////////						
Provisional Dx						
Surgeon or Collected E	By (Print):		Time	Date _		
Location of Patient (O.R. Room # / Clinic / Treatment Area) Contact #						
Request Prepared By:						
☐ ASAP	N. 1					
☐ Identify Malignant			,	Cuasial C4sius		
_			i	Special Stains		
Smear	Sputum	CSF	Fungus/	Pneumocystis		
Cyst Fluid □	Bronch Wash	Bronch Brush	Hemosi	derin (Iron)		
Pleural Fluid	Peritoneal Fluid	Esophageal Brushing	□ Lipid (F	Tat)		
Other [(Specify)_			Other [] (Specify)		
	Physician's Signature					