

ANATOMIC PATHOLOGY DOWNTIME REQUISITION
 NOT PART OF MEDICAL RECORD - DO NOT SCAN



MR #: _____
 Name: _____
 Birthdate: _____
 Visit/ Billing #: _____
 Or D&H Account #: _____
 Clinical Trial Patient Bill D&H (Z75.5) Bill Patient's Insurance (Z00.6)
 Collection Date: _____
 Month: _____ Day: _____ Year: _____
 Collection Time: _____ a.m. _____ p.m.
 Order Date _____ Order Time _____ a.m. p.m.
 Requesting Physician: _____ Physician Code: _____
 Physician Beeper/Phone _____ Clinic Code: _____
 Lab Accession Number: _____

CYTOLOGY LABORATORY (4533 TVC) (615) 322-2721

Code	Aspiration Cytology	ICD	x	Code	Body Fluid Cytology	ICD	x	Code	GYN Cytology	ICD
FNA	State Site(s):				Source:				Liquid Base Thin Prep	
				HSF	CSF Hematology-Suspected/confirmed Leukemia/Lymphoma				Source:	
x	Urinary Cytology	ICD		CYC	CSF Cytology-for all other reasons				First Day of LMP _____	
	Source:			HSF & CYC	CSF Cytology and Hematology - Unknown diagnosis				Previous Abnormal PAP _____	
x	Respiratory Cytology	ICD	x		Gastrointestinal Cytology	ICD			Date of Last Pap: _____	
	Source:				Source:				Clinical Information: <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Surgery <input type="checkbox"/> Exogenous Hormones <input type="checkbox"/> Pregnant <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Hysterectomy Supracervical <input type="checkbox"/> Prior Malignancy _____	
x	Respiratory Cytology Special Stains	ICD	x		Anal Cytology	ICD			CoTest (PAP & HPV)	
					Anal Pap with high risk HPV testing (unless declined)				HPV testing declined	Please Note: High risk HPV testing will be performed on diagnosis of ASCUS in women 25 yrs of age and over once every 12 months unless declined. Cotesting is recommended in patients 30 years of age and older.
					HPV testing declined					

CLINICAL INFORMATION:
 History of Malignancy: Y / N Specify Type of Malignancy(s): _____
 Suspected or confirmed diagnosis of Lymphoma/Leukemia?

CLINICAL INFORMATION:
 Screening PAP, Low Risk
 Screening PAP, High Risk
 Diagnostic PAP

SURGICAL PATHOLOGY (3122 VUH) (615) 343-2404

CLINICAL INFORMATION

CLINICAL HISTORY/DIAGNOSIS (Include any pertinent x-ray or lab data): _____

PROCEDURE: _____

SPECIAL PRECAUTIONS: _____

SPECIMENS SUBMITTED (PLEASE INDICATE LATERALITY OF THE TISSUE)

1.	5
2.	6
3.	7
4.	8

SPECIMEN PRIORITY & TEST ORDERS

SURGICAL PATHOLOGY

Routine: Frozen Section: Gross Interoperative: OR# _____ Phone # To Call Results _____

Orientation/Margin Assessment: Adequacy: Preliminary Diagnosis:

Other: _____

HEMATOPATHOLOGY

Routine: Lymphoma Work-Up: Flow Cytometry (FCL): Other: _____

MOLECULAR (specify) _____

OTHER PROCEDURES (Submit Tissue Fresh No Fixative):

Muscle Biopsy: Nerve Biopsy: Renal Biopsy: Immunofluorescence: Electron Microscopy:

Pathology Use: Fresh Formalin Date _____ Initials _____