

# VII: Requisitions

## Anatomic Pathology Ticket

<b>Location</b>	<b>Ord Dr #</b>	<b>Resident Name</b>	<b>Collection Date</b>
Town or City	Init. Doctor's Name		Date Collected

**CLINICAL DIAGNOSIS/HISTORY:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>ICD-9/DIAG CODE:</b>	
<b>OPERATION PERFORMED:</b>	<i>EX: BX, Colonoscopy, Colposcopy, etc. ....</i>
<b>SPECIMEN SITE/TYPE:</b>	<i>EX: Skin, Cervix, etc. ....</i>

<b>MRN:</b>	<b>S&amp;W MRN or R #</b>	<b>Ref Desk</b>
<b>CASE #:</b>		
<b>NAME:</b>	Patient's first & last name	
<b>DOB:</b>	xx/xx/xxxx	M/F X

**FIXED**     
  **FROZEN**     
  **FROZEN IF INDICATED**     
  **LYMPHOMA EVALUATION**

DO NOT WRITE BELOW THIS LINE - LAB USE ONLY

<input type="checkbox"/>	88300	Gross exam only	<input type="checkbox"/>	88311	Decal
<input type="checkbox"/>	88302	Gross & microscopic exam for ident and documentation	<input type="checkbox"/>	88329	Consultation during surgery w/o frozen
<input type="checkbox"/>	88304	Abnorm.al tissue -- uncomplicated Specimen	<input type="checkbox"/>	88331	Consult w/frozen section(s) single specimen
<input type="checkbox"/>	88305	Single complicated specimen w/o complex dissection	<input type="checkbox"/>	88332	Each additional frozen section
<input type="checkbox"/>	88307	Single complicated specimen requiring complex dissection	<input type="checkbox"/>	88309	Complex diagnostic problem with or w/o extensive dissection
<input type="checkbox"/>		Other	<input type="checkbox"/>	88321	Slide consult

**Highlighted (shaded) fields** are **required** and **MUST** be completed.