



HISTOLOGY PROCESSING REQUEST

REQUESTED BY

NOTE: WHEN ORDERING TESTS FOR WHICH FEDERALLY FUNDED REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF A PATIENT, RATHER THAN FOR SCREENING PURPOSES.

Histology Processing Request										
Processing Date:										
Ordering Pathologist/Hospital/Facility:										
Fixative for Processing (select one):										
<input type="checkbox"/> formalin <input type="checkbox"/> zinc formalin <input type="checkbox"/> B5 <input type="checkbox"/> ethanol <input type="checkbox"/> Bouin's <input type="checkbox"/> other										
Item	Block ID Number	Number of Pieces	Number of Cassettes	Service Requested (Please Specify Quantity)				Specimen Site	Accessioning Notes	T
				Levels	Serials	Unstained	Special Stains			
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Total Blocks

For Lab Use Only

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Block Total	Accessioner	Time	AM PM
		Time	AM PM