

**Essentia Health**

Department of Pathology

**SURGICAL PATHOLOGY
REQUISITION****LABORATORY USE ONLY****PATIENT INFORMATION (or affix patient label)******ATTACH PATIENT BILLING INFORMATION (REQUIRED)**

LAST NAME	FIRST NAME, MI	SEX	SSN	DOB
STREET ADDRESS				
CITY	STATE	ZIP	HOME PHONE	CELL PHONE

RESPONSIBLE PROVIDER (REQUIRED)**COPY TO PROVIDER(S)****CLINICAL INFORMATION (REQUIRED)****DIAGNOSIS CODE(S) (REQUIRED)****Laboratory Test:**

- Pathology Specimen (LAB900) Frozen Section
 Flow, Tissue (LABFLOWT)
 Cutaneous Immunofluorescence (LABCIF)

	Specimen Source	Collection Date & Time	Time in Formalin
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			

Complete the first row of the following section if a frozen section is desired:

Reason for Frozen?		Call Back #:
Time Received in Lab:	Stain Adequate? Yes No	
Frozen Section Preliminary Interpretation:		
Time FS Reported:	FS Reported By:	FS Reported To: