

LABORATORY COLLECTION MANUAL	CORRECT AND COMPLETE REQUISITION FOR EVERY SPECIMEN
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EVERY SPECIMEN NEEDS TO BE ACCOMPANIED BY A CORRECT AND COMPLETE REQUEST:

- I. A Surgical Pathology/Cytology Form is completed ***on all patient specimens.***

- II. For all Frozen Sections and consultations (i.e. Fine Needle Aspirates, Breast Needle Localization Biopsies, . . Etc.):
 - A. The Operating Room Pathology Report Form needs to be completed and sent with the specimen to the Pathology Department. Prior to bringing the specimen, please call the Pathology Department at extension 3104 to inform the department of the frozen section or consultation.
 - B. Please place one of the preprinted patient labels on the top right hand corner of both sheets. If labels are not available, hand write patient information: At the very least, the following needs to be written:
 1. Patient name
 2. Date of Birth
 3. Social Security number
 4. Specimen identification
 - C. When the specimen is from the OR, if the patient is awake please indicate “**PATIENT AWAKE**” at the top of the form, so when the pathologist calls the diagnosis, the telephone is used instead of the intercom.
 - D. If a frozen section or aspirate is from a physician office, please write the office telephone number at the top of the form, for the pathologist to call the diagnosis.
 - E. Please fill out each part of the form carefully and completely.
 1. For “**Pertinent Clinical Data**”, please list any prior related cases.
 2. For “**Specimen**”, please be as specific as possible.
 3. The remainder of the form is to be filled out by the pathologist. This form will be a signed report at the end of the procedure. The Pathologist will call the report to the physician. The top copy will become a part of the patients chart on inpatients. For outpatient office specimens, the top copy will be faxed to the office immediately following the procedure and the original will be delivered to the office by the hospital runner service.

- III. On all outpatient specimens received from physicians’ offices, etc. the Surgical Pathology/Cytology Form needs to be filled out with the patient's pertinent information that pertains to the patient and this specimen:
 - ❖ Date the specimen was collected
 - ❖ Requesting Dr.
 - ❖ Last menstrual period (if applicable)
 - ❖ Physicians to receive report
 - ❖ Patient name
 - ❖ Date of birth
 - ❖ Male/female
 - ❖ Street address
 - ❖ City, State, and Zip
 - ❖ Bill (Patient, Insurance, Physician, and Medicare/ Medicaid)
 - ❖ Social Security Number

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- ❖ Group or Policy number
- ❖ Medicare number
- ❖ Medicaid number
- ❖ Clinical history and diagnosis
- ❖ Specimen(s) and location

IV. For inpatient pathology specimens, please complete a Surgical Pathology/Cytology Form. Please include the patient's pre-printed labels. Make sure to place a label on all three sheets of the form. All other pertinent information that pertains to the patient and this specimen must also be written on the form:

- ❖ 00000000 Physician name
- ❖ Last menstrual period, (if applicable)
- ❖ Clinical history
- ❖ Previous cytology/tissue report
- ❖ Room number
- ❖ Operating surgeon
- ❖ Operation
- ❖ Preop diagnosis
- ❖ Postop diagnosis
- ❖ Specimen(s) and location
- ❖ Signature of assisting nurse
- ❖ Date of collection
- ❖ Physicians to receive a report

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See original policy in the Laboratory for all documented annual reviews.