

**UPMC Presbyterian
Hematopathology Testing Service
Lymph Node/Solid Tissue Specimens**

DELIVER TO: Clinical Flow Cytometry Laboratory
3477 Euler Way
Pittsburgh, PA 15213
Tel: (412) 864-6173 Fax: (412)682-1784

Call to notify lab prior to sending specimens.

Space for optional addressograph

PATIENT INFORMATION– Complete all fields. Attach patient insurance/demographic information. PLEASE PRINT.						
Last Name		First Name		M.I.	Social Security Number	
<input type="checkbox"/> Outpatient	Birth Date	Sex	Diagnosis			ICD 9 Code
<input type="checkbox"/> Inpatient – Room #						
Requesting Hospital Medical Record Number and/or Surgical Number:						
REPORTING INFORMATION – Complete all fields.				Attach surgical pathology report with gross description.		
Requesting Physician Name				Phone (Including Area code)		Fax (Including Area Code)
Institution Name				Phone (Including Area code)		Fax (Including Area Code)
Copy to: Physician name				Phone (Including Area code)		Fax (Including Area Code)
Name of person filling out form:				Phone #:		
CLINICAL HISTORY/PERTINENT PHYSICAL FINDINGS:						
(use back of requisition as needed)				Pre-op Diagnosis: _____		
				Post-op Diagnosis: _____		
				Procedure: _____		
TYPE OF SPECIMEN						
Specify site and type of specimen: _____						
Time & Date specimen obtained:				Time & Date specimen sent:		
LYMPH NODE/SOLID TISSUE TESTING REQUEST						
<input type="checkbox"/> Entire specimen for full hematopathologic evaluation						
<input type="checkbox"/> Portion of specimen – specify testing below (<i>remainder to follow for:</i> <input type="checkbox"/> <i>consultation or</i> <input type="checkbox"/> <i>primary report</i>)						
FLOW CYTOMETRY TESTING REQUEST						
<input type="checkbox"/> Flow Cytometric Immunophenotypic Studies (Indicate any special requests) _____						
MOLECULAR ONCOLOGY						
<input type="checkbox"/> DNA/RNA Isolation and Storage						
<input type="checkbox"/> Molecular Studies (specify): _____						
CHROMOSOME ANALYSIS						
<input type="checkbox"/> Classical Cytogenetic Analysis (for Hematologic Malignancy Workup)						
<input type="checkbox"/> FISH Study: Indication _____						
Signature of Requesting Physician (REQUIRED):						

Steven H. Swerdlow, MD
Director, Division of Hematopathology
(412) 647-5191

Sara Monaghan, MD
Director, Flow Cytometry Laboratory
(412) 647-8504