UPMC Presbyterian Hematopathology Testing Service Lymph Node/Solid Tissue Specimens

DELIVER TO: Clinical Flow Cytometry Laboratory

S-763 Scaife Hall, 3550 Terrace Street Pittsburgh, PA 15261 Tel: (412) 624-3746 Fax: (412) 624-6863

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	M.I. Social Security Number			
□ Outpatient	Birth Date	Sex	Diagnosis				ICD 9 Code	
□ Inpatient – Room #								
Requesting Hospital Medical Record Number and/or Surgical Number:								
REPORTING INFORMATION – Complete all fields. Attach s Requesting Physician Name					urgical pathology report with gross description. Phone (Including Area code) Fax (Including Area Code)			
Requesting Physician Name				Phone (including Area co	oue)	rax (Iliciuu	ing Area Code)	
Institution Name				Phone (Including Area co	oda)	Fax (Including Area Code)		
institution name				Filone (including Area of	Thole (metading Area code)		Tax (including Area code)	
Copy to: Physician name				Phone (Including Area co	Area code) Fax (Including		ing Area Code)	
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N. 6 (*11* 4.6				DI .				
Name of person filling out form:				Pho	Phone #:			
CLINICAL HISTORY/PERTINENT PHYSICAL FINDINGS:								
CLINICAL INSTORT/TERTINENT THISICAL FINDINGS.								
Pre-op Diagnosis:								
Post-op Diagnosis:								
(use back of requisition as needed) Procedure: TYPE OF SPECIMEN								
Specify site and type of specimen:								
Specify one and type of specimen.								
Time & Date specimen obtained: Time & Date specimen sent:								
LYMPH NODE/SOLID TISSUE TESTING REQUEST								
☐ Entire specimen for full hematopathologic evaluation								
\square Portion of specimen – specify testing below (remainder to follow for: \square consultation or \square primary report)								
FLOW CYTOMETRY TESTING REQUEST								
□ Flow Cytometric Immunophenotypic Studies (Indicate any special requests)								
1 10w Cytometric Immuno	эрненосург	Colua	ies (maieate	uny special requests)				
MOLECULAR ONCOLOGY								
□ DNA/RNA Isolation and Storage								
□ Molecular Studies (specify):								
CHROMOSOME ANALYSIS								
□ Classical Cytogenetic Analysis (for Hematologic Malignancy Workup)								
□ FISH Study: Indication								
Signature of Requesting Physician (REQUIRED):								