



Laboratory Medicine

Pathology Specimen Requisition



Name: _____

HCN: _____

Date of Birth: _____

Labeling of specimen must match this requisition include full name, HCN, nature/site of specimen, date of collection

Site: _____

FOR LABORATORY USE ONLY

Specimen Number: _____

Legend: Put appropriate status and fixative in boxes below

Status: Frozen section (FS) Routine (R) Other Lab (O) Urgent (U)

Fixative/solution: AZF (A) Bouins (B) Dry (D) Formalin (F) Glutaraldehyde (G)

Hank's (H) Michel's Buffer (M) Normal Saline (NS)

Date of Collection: _____ DD/MONTH/YYYY

Nature /Source/ Site of Specimen	Lab Use Only	Cold Ischemic Start/Collection Time	Status See above	Fixative / Solution See above	Time in Fixative	Nurse Initials
1)	A					
2)	B					
3)	C					
4)	D					
5)	E					
6)	F					
7)	G					
8)	H					
9)	I					
10)	J					
11)	K					
12)	L					

PLEASE COMPLETE ANOTHER REQUISITION FOR ADDITIONAL SPECIMENS (Adjust numbering at 13)

****(SPECIMEN WILL NOT BE PROCESSED WITHOUT PERTINENT CLINICAL DATA)**

Clinical diagnosis, history and operative procedure and relevant findings:

Comments/delay in formalin/special studies:

Nurse's Name	Nurse's Signature	Initials	Nurse's Name	Nurse's Signature	Initials

Physician/Surgeon's Name: _____ Signature: _____

Copy report to _____