


REQUEST FOR SURGICAL AND/OR NON-GYN CYTOLOGY									
 <b>ANATOMIC PATHOLOGY LABORATORY</b> PHONE: (302) 645-3240 FAX: (302) 645-3197		Pathology Use Only		Patient Last Name: <b>DOE</b> First Name/Middle Initial: <b>JANE, A</b> Date of Birth: <b>00/00/0000</b> _____ as Patient Identification Label, if available					
<b>Procedure Date:</b> 00/00/0000		<b>Procedure Location:</b> Facility Name		<b>Ext.#:</b> Phone #					
<b>Procedure:</b> Colposcopy									
<b>Relevant Operative/Clinical Information:</b> Low Grade, Squamous Intraepithelial Lesion of the Cervix									
<b>Specimen Submitted/Anatomical Site (including laterality)</b> <small>**INSTRUCTIONS FOR DEVITALIZED (COLLECTION) TIME/TIME IN FORMALIN:            Devitalized (Collection) Time is the time tissue specimen is removed from the patient's body.            Time in formalin is the time the specimen is actually placed in formalin.            Amount of formalin to be added is 10-15 times the size of the specimen.</small>									
		Devitalized (Collection) Time	Time Placed in Formalin	FROZEN	FRESH	MICRO	MAMMO	CYTO	OTHER
A. Exocervical Biopsy		1:00 PM	1:00 PM	check if applicable					
B. Endocervical Biopsy		1:05 PM	1:05 PM						
C.									
D.									
E.									
F.									
G.									
H.									
I.									
J.									
K.									
L.									
<b>Performed by(or Designee)/Circulator Signature:</b> Physician/PA Signature Date: 00/00/0000 Time: hh/mm <small>PLEASE PRINT NAME LEGIBLY UNDER SIGNATURE</small>									
<b>Copy of report to:</b> Add name of additional provider to be copied on report, if applicable.									
<small>NOTE: Tissue for culture, flow cytometry, frozen section diagnosis, immunofluorescence, cytogenetics, etc must be sent FRESH; otherwise the specimen cannot be used for special testing.</small>									
<b>Special Instructions:</b> Write in type of special testing, if needed									

**SPECIMEN LABEL**

**MUST INCLUDE:**

1. Patient Legal Name (Last, First, MI)
2. Date of Birth
3. Corresponding Letter from Pathology Order Entry Line
4. Specimen Source
5. Specimen Collector's Initials/Date & Collection Time

*(Do not affix label to lid)*



Additional specimen collection and handling guidelines are available in our Laboratory Collection Manual

[www.beebemedicalcenter.testcatalog.org](http://www.beebemedicalcenter.testcatalog.org)

## Outpatient Specimen Collection Guidelines

### Requisitions: - Paper and Electronic

All orders whether manually filled out or completed in an EMR must contain the required yellow-highlighted information illustrated above. Please ensure all information is legible and complete.

**Specimen Labeling:** Legibly label each specimen container (not the lid) in the presence of the patient with the identical information indicated on the requisition form. Make sure lids are secure to prevent leaking of formalin into specimen bag.

**Your compliance is critical to ensure accurate results:** Incomplete, mislabeled or unlabeled specimens or requisitions will not be accepted without reconciling discrepancies which will delay specimen processing and may delay patient care and treatment. All labeling issues will require the nurse or provider to complete the "Anatomic Pathology Inappropriate Specimen & Requisition Release Form".

**Specimen Transport:** Place each specimen, requisition and any related documents in a biohazard bag. If your practice has Beebe courier service, place the specimen in your regular pick-up location. For nonscheduled pick-up or for time sensitive specimens request a courier via MCE application or call Client Services at 302-645-3241 to arrange and confirm a pickup time.