



South Bend Medical Foundation
3355 Douglas Road, South Bend, IN 46635

Surgical Pathology Requisition

Client Name: _____

✓ Physician's Last Name, First Name

[] _____	[] _____
[] _____	[] _____
[] _____	[] _____
[] _____	[] _____
[] _____	[] _____
[] _____	[] _____

Collecting Department

Signature of Ordering Provider

(Signature must be dated, legible, and include first and last name)

Date _____

PATIENT INFORMATION – Please print or attach patient label

Name _____
Last First MI

DOB _____ AGE _____ SEX _____ SSN _____
MO / DAY / YEAR

FIN _____ MRN _____ Inpatient ☐ outpatient ☐

BILLING

☐ PHYSICIAN / ACCOUNT

☐ PATIENT DEMOGRAPHICS AND
INSURANCE INFORMATION ATTACHED

☐ BCCP, ALPHA ID # _____

IF NO BILLING INFORMATION IS PROVIDED,
AND NO BOX IS CHECKED YOUR ACCOUNT
WILL BE BILLED.

PATHOLOGY USE ONLY

ACCESSION #
(place label here)

OR Room Number:

Last Name

First Name

Middle Initial

Ordering Physician

Additional Physician(s)

PLEASE CHECK:

☐ Routine

☐ Phone report

☐ STAT

☐ Frozen Section

COLLECTION / CLINICAL INFORMATION

PRE-OP IMPRESSION AND CLINICAL DATA: _____

POST-OP IMPRESSION/FINDINGS: _____

Specimen Container No: _____ of _____ **Anatomic Site:**

Date of collection: _____

Time out of patient: _____ ☐ AM ☐ PM

Time placed in formalin: _____ ☐ AM ☐ PM

Specimen Container No: _____ of _____ **Anatomic Site:**

Date of collection: _____

Time out of patient: _____ ☐ AM ☐ PM

Time placed in formalin: _____ ☐ AM ☐ PM

Specimen Container No: _____ of _____ **Anatomic Site:**

Date of collection: _____

Time out of patient: _____ ☐ AM ☐ PM

Time placed in formalin: _____ ☐ AM ☐ PM

Specimen Container No: _____ of _____ **Anatomic Site:**

Date of collection: _____

Time out of patient: _____ ☐ AM ☐ PM

Time placed in formalin: _____ ☐ AM ☐ PM

Specimen Container No: _____ of _____ **Anatomic Site:**

Date of collection: _____

Time out of patient: _____ ☐ AM ☐ PM

Time placed in formalin: _____ ☐ AM ☐ PM

FROZEN SECTION

Preliminary diagnosis:

Time specimen received _____

Time reported to surgeon _____

Stain quality acceptable? ☐ Yes ☐ No

Pathologist Signature: