



NORTHWEST REGIONAL LABORATORY

Surgical Pathology • Inpatient Laboratory Requisition

PATIENT NAME AND HEALTH RECORD NUMBER:		AFFIX PATIENT LABEL HERE	
CLINICIAN		PATIENT	
ORDERING CLINICIAN (LAST, FIRST, MI):		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH:
KAISER PROVIDER NUMBER OR UPIN:		PATIENT LOCATION OR WARD:	
SURGEON:		CLINICAL DIAGNOSIS & HISTORY:	
DATE OF SURGERY:		REQUISITION PREPARED BY:	
REQUISITION PREPARED BY:		COLLECTION DATE & TIME:	
COLLECTION DATE & TIME:		COLLECTION NUMBER OF SPECIMENS:	
COLLECTION NUMBER OF SPECIMENS:		SPECIMEN TIME OUT OF BODY:	
COLLECTION		ADDITIONAL TESTING (for lab use only)	
SPECIMEN SOURCE: List of Specimens and source (continue on second requisition if needed)			
1.	1.		
2.	2.		
3.	3.		
4.	4.		
5.	SIGNATURE:		