



Northwest Regional Laboratory
 13705 NE Airport Way, Ste. C
 Portland, OR 97230
 Client Services
 (503) 258-6900
 Fax (503) 258-6865

 PATIENT NAME

 HEALTH RECORD NO.

Outpatient Surgical/Oral Pathology Laboratory Requisition

CLINICIAN INFORMATION

| | |
|--|------------------|
| CLINICIAN PERFORMING PROCEDURE (PLEASE PRINT): | |
| ORDERING CLINICIAN (PLEASE PRINT): | |
| CLINICIAN ADDRESS: | |
| NATIONAL PROVIDER IDENTIFIER (NPI): | |
| CLINICIAN SIGNATURE: | |
| SURGERY LOCATION/ADDRESS: | |
| TELEPHONE #: | FAX #: |
| REQUISITION PREPARED BY (LAST, FIRST): | |
| COLLECTION DATE: | COLLECTION TIME: |

PATIENT INFORMATION

| | | |
|--|-------------------------------|---------------------------------|
| DATE OF BIRTH: | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| SPECIMEN PRIORITY: | | |
| <input type="checkbox"/> Routine <input type="checkbox"/> Stat | | |
| CLINICAL DIAGNOSIS & HISTORY: | | |
| | | |
| | | |
| NUMBER OF SPECIMENS COLLECTED: | | |

SPECIMEN COLLECTION

BREAST SPECIMEN TIME OUT OF BODY: _____ BREAST SPECIMEN TIME INTO FORMALIN: _____

Specimen Source: list of specimens and source *(continue on a second requisition if needed)*

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| 1 |
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| 8 |