


Cerner Label Lab use only	 <h2 style="margin: 0;">Penn Medicine</h2> <p style="margin: 0;">Penn Presbyterian Medical Center Anna Moran, M.D., Medical Director 51 N. 39th Street, Philadelphia, PA 19104 Phone: 215.662.8963; Fax: 215.6621694</p> <h1 style="margin: 0;">Surgical Pathology Tissue Specimens Only</h1>	<p style="margin: 0;">PLACE PATIENT LABEL COMPLETE THE FOLLOWING IF LABEL UNAVAILABLE</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Name</td> <td>DOB</td> </tr> <tr> <td>Address</td> <td>Age</td> </tr> <tr> <td>Medical Record No.</td> <td>Sex</td> </tr> </table>	Name	DOB	Address	Age	Medical Record No.	Sex
Name	DOB							
Address	Age							
Medical Record No.	Sex							
		Page # _____ of _____						

Date of Operation/procedure:	OR# or Clinic Location:	OR Phone #	Operation/Procedure:
PLEASE PRINT			
Surgeon/Proceduralist Name:			
Surgeon/proceduralist Cell Phone #:			
Additional Reports To:			
Clinical History: (Include prior pathologic diagnoses; include LMP if appropriate)			ICD-9 _____
Previous Biopsy:	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify:	
Infectious Precautions::	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify:	
Previous Chemotherapy:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Previous Radiation:	<input type="checkbox"/> No <input type="checkbox"/> Yes Hormones: <input type="checkbox"/> No <input type="checkbox"/> Yes
Additional Clinical History:			
Specific question(s) to be answered by consultation, including special studies:			
<input type="checkbox"/> Perform molecular testing, when clinically appropriate, as outlined in "Penn Pathways" on the UPHS Intranet.			
<input type="checkbox"/> Rule Out Lymphoma (Fresh)			
<input type="checkbox"/> Other			

Please check special studies box below of the specific specimen needing test				Intra-operative Consultation Request*	
#	Specimen: Tissue submitted and Body site	Time Collected	Time In Fixative	Frozen Section	Special Studies
<input type="checkbox"/> RUSH Biopsy samples only				Total number of specimens for this form _____	

Person completing this form Please Print	Person sending the specimen if different from person completing this form Please print	If applicable, person hand-delivering the specimen to Pathology Please Print
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FOR PATHOLOGY USE ONLY IN THIS BOX	
Picked up/Received by:	Total Number of Specimens picked up/received: