



Breast Pathology Requisition — Surgery

Surgical Pathology Laboratory

Tissue Intake: (203) 785-4804 • EP 2-631

SP#:

Pathology barcode

UNIT NO.:

NAME:

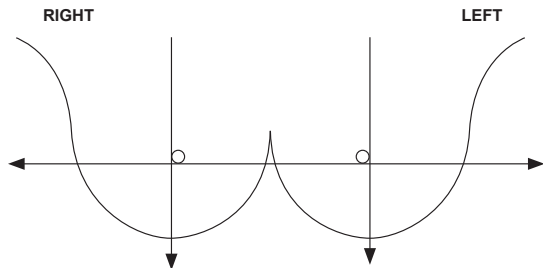
BIRTH DATE:

VISIT NUMBER:

(If handwritten, record name, unit no., birth date, and visit no.)

SERVICE	RESPONSIBLE M.D. (FIRST and LAST NAME)	
DATE TAKEN	SIGNATURE	PHONE #, BEEPER #
CC: PHYSICIAN(S) (FIRST and LAST NAME)		
<b>CLINICAL IMPRESSIONS / HISTORY:</b> <input type="checkbox"/> Intra-op Consult <input type="checkbox"/> Routine <input type="checkbox"/> HIV+ <input type="checkbox"/> Hepatitis+ <input type="checkbox"/> Tissue Collection for Research    Quantity _____ Protocol # _____ <input type="checkbox"/> Neoadjuvant Tx ( <input type="checkbox"/> Trial) <input type="checkbox"/> Chemo Tx <input type="checkbox"/> Rdn Tx <input type="checkbox"/> Hormone Tx		
<b>SPECIFIC QUESTIONS TO BE ANSWERED:</b>          		

INDICATE SITE OF LESION(S) ON DIAGRAM



Surgical Procedure Performed:

- Partial Mastectomy     Simple MastX     Mod. Rad. MastX
- Orientation specified: \_\_\_\_\_

For any type of mastectomy, specify below *in Military time* the Time of Excision and Time placed in formalin (Time of Fixation).

Specimen Type	R / L	Time of Excision		Time of Fixation	
		Hr.	Min.	Hr.	Min.
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

\*If number of specimens exceeds space allowed, use "Surgical Pathology Requisition" to continue.

\*\*\* Please place core specimens with microcalcifications in a separate container identified as "Core Biopsy with Microcalcification" and no more than 3-4 cores per container or bag.\*\*\*