Hunterdon Healthcare
Your full circle of care.
www.hunterdonhealthcare.org

SURGICAL PATHOLOGY REQUISITION
[P] 908-788-6407
[F] 908-237-2334
2100 Wescott Drive
Flemington, NJ 08822

OUTREACH SERVICES [P] 908-237-5509

PATIENT

LAST NAME	FIRST NAME	DATE COLLECTED	TIME COLLECTED ☐ a.m. ☐ p.m.
STREET ADDRESS			
CITY/STATE/ZIP			
PHONE #	DATE OF BIRTH		
SOCIAL SECURITY #	SEX ☐ MALE ☐ FEMALE		

PHYSICIAN

TEST INFORMATION

☐ **ROUTINE**

☐ **BREAST NL** DEPT. OF RADIOLOGY TIME RECEIVED: _____

LESION IN SPECIMEN ☐ YES ☐ NO

CALCIFICATION PRESENT ☐ YES ☐ NO

LESION IDENTIFIED FOR PATHOLOGIST ☐ YES ☐ NO

RADIOLOGIST: _____

☐ **FRESH**

☐ **CYTOGENETICS**

☐ **FLOW CYTOMETRY**

RADIOLOGIST NAME:

RADIOLOGIST SIGNATURE:

DATE: _____

DIAGNOSIS & PATIENT HISTORY

PRE-OPERATIVE DIAGNOSIS / ICD-9 CODE

OPERATIVE PROCEDURE

PERTINENT HISTORY, CLINICAL, LAB & RADIOLOGICAL FINDINGS

OPERATIVE FINDINGS

SIGNED: MD

ANATOMIC SOURCE OF SPECIMENS (LIST INDIVIDUALLY)

1) _____ 7) _____

2) _____ 8) _____

3) _____ 9) _____

4) _____ 10) _____

5) _____ 11) _____

6) _____ 12) _____

ADDITIONAL INFORMATION