

## Pathology Specimen Request

**For ExpressMed Lab use only**

Date Received: ..... Initial: .....

Time Received: ..... Accession#:

**Patient Information**

Name: .....

ID/CPR: ..... Nationality: .....

DOB: (dd/mm/yyyy) .....  Male  Female

Phone: .....

**Treating Physician**

Name: .....

Facility/Institution: .....

Signature: .....

Stamp: .....

**Specimen Information**

Tissue specimen:  Formalin  Michel's (DIF)  Other .....

Paraffin block: Tissue (cell) block(s) .....

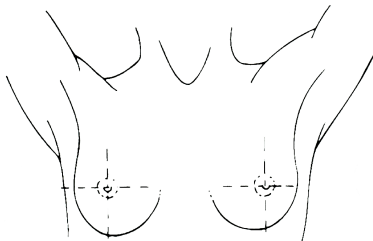
Date collected: ..... Time collected: .....

**Required**

Form completed by: .....

Date: ..... Phone: .....

Specimen	Site	Procedure, Clinical Hx and Dx being considered
A		
B		
C		
D		
E		



**Breast Pathology**

If breast CA, Reflex to IHC studies

**Radiological Findings**

- Normal  Suspicious
- Cancer  Calcification
- Other

