



Surgical Pathology Test Request

EML Accession # _____
Place patient identification below
(Must include name, DOB, and hospital or clinic #)

- EUH CLH TEC
Wesley Woods Other

EMORY MEDICAL LABORATORIES

SPECIMEN TYPE

Specimen Information

Blank lines for specimen type information.

Collection Date Time AM / PM
Submitting Physician
cc: Physician
To meet Federal Compliance Standards, ICD-9 codes MUST be included.
ICD-9 Code:

ATTENTION: All material submitted (slides and containers) must be labeled with patient name and accompanied by requisition. When ordering tests in which Medicare reimbursement will be sought, physicians should ONLY order tests which are medically necessary for diagnosis or treatment.

CLINICAL HISTORY

Blank lines for clinical history.

PREVIOUS OPERATION OR BX

Date Hospital City/State Radiation Hormone Drugs

NAME OF OPERATION

Blank line for name of operation.

Preoperative and/or Postoperative Diagnosis

Blank line for preoperative and/or postoperative diagnosis.

INTRAOPERATIVE CONSULTATION

Operating Room # Phone #

- Gross only Frozen Section Touch Prep

Results conveyed at: AM / PM

Interpretation:

Blank lines for interpretation.

Attending Pathologist/Resident/Fellow

Emory Medical Laboratories
1364 Clifton Rd., NE, Emory University Hospital
Atlanta, Georgia 30322
550 Peachtree St., NE, Emory Crawford Long Hospital
Atlanta, Georgia 30308

Sharon W. Weiss, M.D., Director, Anatomic Pathology
Angela M. Caliendo, M.D., Ph.D.,
Director, Emory Medical Laboratories

404-712-LABS (404-712-5227)
1-800-727-6763
Fax: 404-712-4754
Fax: 404-686-4978