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**UNIVERSITY MEDICAL CENTER**  
**Laboratory Tissue Examination Request**  
 (All sections in RED must be completed)

OR Room #                      OR Tel No.  
 Date                              Surgeon  
 Age                      Sex                      Primary Physician

**For RUSH Spec. Lab to inform: Dr.** \_\_\_\_\_  
**at:** \_\_\_\_\_

(ATTACH LABEL or ADDRESSOGRAPH ABOVE)

**Diagnosis:** (note: "Rule Out" not acceptable)

**Relevant Clinical Data:** (include relevant past medical history)

<b>Procedure(s)</b>
<b>1</b>
<b>2</b>

GROSS ONLY as per Dr. \_\_\_\_\_  
 (If multiple spec. indicate which ones.)

Card Prepared By (Print Name): \_\_\_\_\_

Card Verified By (Print Name): \_\_\_\_\_

<b>Site</b> (specimen source, Right or Left)	<b>Lab Use Only</b>	<b>Lab Use Only</b>
<b>1</b>	<b>6</b>	
<b>2</b>	<b>7</b>	
<b>3</b>	<b>8</b>	
<b>4</b>	<b>9</b>	
<b>5</b>	<b>10</b>	

**Lab Use Only**

IOC:    Y        N    (circle one)                      Pathologist: \_\_\_\_\_

Grossed By: \_\_\_\_\_

Transcription Recorded by:    Gross: \_\_\_\_\_    Date: \_\_\_\_\_                      Micro: \_\_\_\_\_    Date: \_\_\_\_\_