



# LABORATORY REQUEST HISTOLOGY

This form when completed constitutes a referral to VIHA laboratory physicians.

<b>ORDERING PHYSICIAN</b> Last name, First name		Patient Demographic Information	
<b>MSP PRACTITIONER #</b>		Name	MRN
<b>Copy of results to:</b> _____ Last name, First name MSP# _____ Last name, First name MSP# _____ Last name, First name MSP#		Encounter	Birthdate (dd/mmm/yyyy)
		PHN	GENDER
		Location / Address	
		<b>PHYSICIAN SIGNATURE:</b>	

Relevant History and Clinical Diagnosis:

Date Collected: dd/mmm/yyyy

Collected By: (print)

Exact Site and Type of Sample:

**\*\* Fix Histology Samples in 10% Formalin**

Sample	OR Use Only		
		Time Collected	Signature
1	<input type="checkbox"/> Stat IOC		
2	<input type="checkbox"/> Stat IOC		
3	<input type="checkbox"/> Stat IOC		
4	<input type="checkbox"/> Stat IOC		
5	<input type="checkbox"/> Stat IOC		
6	<input type="checkbox"/> Stat IOC		

**Total number of samples submitted for Histology:**

If more than 6 samples, please use an additional requisition and submit all samples and requisitions together.

Unfixed tissue should be sent STAT to Pathology with an IOC requisition, in addition to being documented on this Laboratory Request.