



# Surgical Pathology Requisition Form

SUNY-Downstate Medical Center, University Hospital of Brooklyn

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Brooklyn, NY 11203

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Specimen Submitted by Physician (Name):	Date Collected:     /     /
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## Patient Demographics

Patient's Last Name:	First Name:
Patient's Full Address:	
Medical Record Number:	Social Security #:     -     -
Admission Number:	DOB:     /     /     Age:     Gender: <b>M F</b>
Insurance Company Name & Policy Number:	

## Specimen Information

Anatomic Source of Specimen:	
Clinical Diagnosis:	
Previous Accessions in this Laboratory: <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	Previous Pathology Numbers:
Consultation Material: Name & Address of Outside Source	
Indicate ► <b>Submitted Slides</b> <input type="checkbox"/> <b>Submitted Blocks</b> <input type="checkbox"/>	

## Clinical Information:

	<b>Anatomical Diagram:</b> Indicate Site of Specimen ▼
Accession # (S     -     )	
Send Additional Reports to:	