

SURGICAL TISSUE ROUTINE SPECIMEN COLLECTION PROCEDURE

COLLECT: Surgical specimens should be placed as soon as possible in 10% neutral buffered formalin. **Close container lids securely to eliminate leakage and possible loss of tissue.**

For Breast cases: Document the date and time the specimen is placed in formalin in the box on the lower right hand corner of the requisition.

FIXATIVE: 10% neutral buffered formalin

For Larger specimens: Amputated limbs should be wrapped in several red biohazard bags, secured and sent fresh (without 10% neutral buffered formalin).

Exception for Microbiology cultures:

Specimens intended for culture must be collected in a sterile container or in sterile saline (without 70% alcohol or 10% neutral buffered formalin) and split from the main tissue specimen prior to transport with the proper requisition order for microbiology culture. Consult your clinical lab test catalog for specific specimen requirements.

LABEL: Surgical specimens must be labeled with:

- a) PATIENT NAME
- b) SITE OR SOURCE OF SPECIMEN
- c) PEEL OFF REQUISITION STICKER NUMBER

STORAGE: Ambient temperature

REQUISITION: Complete the specimen requisition.

PATIENT and PHYSICIAN INFORMATION

- a) Social Security number (for medical record purposes)
- b) Patient name – LAST NAME, FIRST NAME (please print)
- c) Room#/Chart# (Optional)
- d) Age of patient
- e) Date of Birth
- f) Sex of patient
- g) Date and Time of Collection
- h) Patient phone number
- i) **Patient** address, city, state and zip code
- j) Hospital inpatient or outpatient

- k) Doctor's name performing procedure and **NPI/UPIN** number
- l) "Additional Reports to:" Any referring physicians (First and Last Names) that should receive a copy of the final report AND their fax number(s)

BILLING INFORMATION

- a) Please mark the Bill To section for: Self-Pay, Medicare, Medicaid, or Insurance.
- b) Please include a copy of all insurance cards (front and back)
- c) Please include a copy of your facility patient information sheet or "face sheet."

Surgical Pathology Specimen Sites

- 1. "**Clinical Information**" - The preoperative diagnosis, postoperative diagnosis and pertinent clinical history must be included.
- 2. "**Specimen Origin (Anatomic Site)**" - The specimen source should be given under the Specimen Origin (Anatomic site). For example: "Mole, right forearm", and *as labeled on the specimen container*.

Special Instructions

- 1. "Telephone reports" or "fax reports" should be indicated in the appropriate place on the requisition (under the requisition numbers). Also include the appropriate numbers to phone or fax reports.
- 2. Requisition should be folded and placed in the outside pocket of the specimen bag.

TRANSPORT: Place specimen container in a biohazard specimen transport bag and seal closure. **Each biohazard bag should contain only one patient's specimen containers.**

Routine transport at room temperature.

FROZEN SECTIONS: For pathology services for frozen sections, please contact one of the Heartland Pathology Consultants pathologists at 405.715.4500.

HPCHeartland
Pathology
Consultants, PC3509 French Park Drive, Suite D
Edmond, OK 73034**Phone:** 405.715.4500
Fax: 405.715.4519**SPECIMEN PICKUP and SUPPLIES:**

- A. Heartland Pathology Consultants provides daily specimen pick-ups. Specimens must be packaged in a biohazard bag. Heartland Pathology Consultants provides requisitions and all anatomic pathology supplies.
To call for specimen pick-ups, or order supplies, please phone: 405.715.4500
- B. See Client Supply Order form on separate page

HPC

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Edmond, OK 73034

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PLEASE SEND ORIGINAL TO LAB

HPC

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Pathology
Consultants, PC

3509 French Park Drive Suite D Phone: 405.715.4500
Edmond, OK 73034 Fax: 405.715.4519
CLIA # 37D0936596

PATIENT'S SOCIAL SECURITY NUMBER				PLEASE FILL OUT COMPLETELY	BILL TO: <input type="checkbox"/> SELF PAY <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID					
PATIENT'S NAME: LAST NAME, FIRST NAME, M.I. (PLEASE PRINT CLEARLY)					<input type="checkbox"/> INSURANCE - PLEASE ATTACH COPY OF CARDS (FRONT & BACK), AND FACE SHEET					
ROOM No.		CHART No.			MEDICARE NO.		MEDICAID NO.		STATE: PCP (FULL NAME)	
AGE		DATE OF BIRTH (mm/dd/yyyy)			NAME OF INSURANCE				PHONE	
SEX	DATE COLLECTED	TIME COLLECTED	AM		STREET ADDRESS					
M F			PM		CITY				STATE ZIP CODE	
PATIENT ADDRESS					HOSPITAL		POLICY HOLDER			
					<input type="checkbox"/> IN PATIENT <input type="checkbox"/> OUT PATIENT		INSURANCE ID #		RELATIONSHIP	
CITY		ST			ZIP		EMPLOYER		GROUP #	
DOCTOR					NPI / UPIN					
ADDITIONAL REPORTS TO:				FAX:						

REQUISITION NUMBER:

TELEPHONE REPORT:

FAX REPORT:

SURGICAL PATHOLOGY AND NON-GYN CYTOLOGY

CLINICAL INFORMATION	SPECIMEN ORIGIN (ANATOMIC SITE)
PRE-OP DIAGNOSIS:	1.
POST-OP DIAGNOSIS:	2.
PERTINENT CLINICAL HISTORY:	3.
	4.
	5.
	6.
	7.
	8.
	9.
Additional information is required for BREAST TISSUE Specimen placed in formalin at:	
Time: _____ a.m. _____ p.m. Date: ____/____/____	

244861



HPCHeartland
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Fax: 405.715.4519

FINAL Surgical Report for

(S2002-028716)

Heartland Pathology Consultants, PC3509 French Park Drive, Suite D
Edmond, OK 73034
Phone: (405) 715-4500 Fax: (405) 715-4519

MRN: 2033306	Case: S2002-028716	Client:	
ACN: 2033307	Room No:		
DOB: 12 25 1951 Age: 50	Report Date: 10 17 2002		
Sex: F	Report Time: 1043	D22575	DC
Chart:	Collected: 10 15 2002	Doctor:	
Copy to:	Received: 10 16 2002	D22575	DC
	Copy to:	RHO DS VB	

REQUISITION INFORMATION:

Endometrial biopsy.

GROSS:

Labeled "endometrium". Received in formalin is an aggregate of tan-red, soft tissue admixed with blood-tinged mucoid material measuring 2.5 cm x 2.5 cm. Entirely submitted, one block.

RHO:CM/ds

DIAGNOSIS:

Endometrium-Biopsy

- Scant amounts of benign atrophic endometrium admixed with mucus.
- Small fragments of chronically inflamed endocervical glands and stroma with focal squamous metaplasia also present within the specimen.
- Negative for malignancy, hyperplasia or atypia.

SIGNATURE:*Ruth H. Oneson MD*RUTH H. ONESON M.D., Pathologist
(Signed Out 10 17 2002 at 1043)**DIAGNOSIS CODE(S):**ICD9
621.8,616.0**CHARGES:**

Code	CPT	Count
88305		1

10 23 2002

1 of 1

Duplicate copy