



<b>PATIENT INFORMATION</b>	Last	First	M
	SSN		
	Date of birth	Sex (circle one) M      F	
	Address		
	City, State ZIP		
	Phone		

<b>PHYSICIAN INFORMATION</b>	Date
	Office site
	Ordering physician
	Primary care
	Referring
	Additional reports to

**Label specimens with patient info and tissue type submitted and place in bio-bag**

**Please attach photocopy of patient's insurance card if applicable**

<b>SURGICAL AND NON-GYN CYTOLOGY</b>	A
	B
	C
	D
	E
	F
	G
	H
	I
	J

<b>GROSS DESCRIPTION</b>	Procedure	# Tissues	# Cassettes	Path. Assit.	Tech