InterScience
Diagnostic Laboratories, Inc.
1750 Richmond Avenue
Staten Island, NY 10314
TEL# 718-698-5461 FAX# 718-698-4517
CLIA I.D. 33D1082465

SURGICAL PATHOLOGY REQUISITION

PATIENT INFORMATION

Last Name	First	Middle	Date ordered	Ordering Physician	Date Received
Street Address			Insurance Carrier		
City	State	Zip Code	Group#		
Telephone#	Age	Date of Birth	ID #		
Medical Records Number / Hospital Number			Social Security #		
DIAGNOSIS			DIAGNOSTIC CODE		

CLINICAL INFORMATION

Specimen ID # _____ Pathology Number _____

Date of collection: _____ Time: _____

Nurse Signature _____

Submitting Physician: (first and last name) _____ Copy To (Physician): (first and last name) _____

❑ Routine ❑ Cell Block ❑ Gross ❑ Bone Marrow ❑ Frozen Section

Diagnosis and Pertinent Clinical Data: _____

SPECIMEN(S)

A	
B	
C	
D	
C	
F	
G	
H	

A	**B**	**C**	**D**
D	**F**	**G**	**H**