

DATE OF REQUEST	LOCATION
PLACE COMPUTER	
CHART NUMBER	
LABEL HERE	
PATIENT'S NAME	
ON ALL PLYS	
D.O.B.	VISIT #
<input type="checkbox"/> IN <input type="checkbox"/> OUT	

BASSETT HEALTHCARE NETWORK
 THE MARY IMOGENE BASSETT HOSPITAL
 COOPERSTOWN, NEW YORK 13326

RUSH CONTACT
PATHOLOGIST

ROUTINE

CYTOLOGY NO.

PATHOLOGY NO.

PHYSICIAN NUMBERS	
ORDERING	ATTENDING
PATHOLOGIST	

REC'D AND SPECIMEN RECEIVED AT LAB

FILE

TIME	DATE	SPECIMEN COLLECTED BY	<input type="checkbox"/> GROSS <input type="checkbox"/> MICROSCOPIC <input type="checkbox"/> FROZEN SECTION	<input type="checkbox"/> O.R. CONSULT/OPEN & RETURN	LAB USE ONLY:
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SPECIMEN:

ANATOMIC SITE:

CYTOLOGY SPECIMEN ALSO SUBMITTED

CLINICAL HISTORY AND OPERATIVE FINDINGS

SURGICAL PATHOLOGY

SURGICAL PATHOLOGY