

Department of Pathology and Laboratory Medicine

One Medical Center Drive Lebanon, NH 03756-0001 (603) 650-2200 For DHMC Lab use only

Surgical Pathology/Dermatopathology				
Referring Identifier:		Patient Full Legal Name (First and Last Name)		
		DH MRN		
		Date of Birth	Sex Male  Female	
Copy to:		Patient Type InPt OutPt	Location	Skilled Nursing Facility (SNF)?
Ordering Provider (First and Last Name)	Ordering Provider Signature	Collector Signature		Collection Date and Time
Billing provider (First and Last Name), if different				
Specimen Type:         (Note: Multiple biopsies from different regions should be submitted in separate bottles. Multiple pieces from one site may be submitted in one bottle.)         Surgical Pathology:       Biopsy       Excision       Resection         If Breast biopsy – please provide time of excision       and time into fixative       . (Ischemic Time)         Dermatopathology:       Shave       ED&C       Excision       Re-excision         Cyst       Snip       Punch       mm)       # of Pieces:				
Specimen(s) Submitted:				
Clinical Information:				
Clinical Diagnosis:				