

*For DHMC Lab use only*

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| **Surgical Pathology/Dermatopathology** | | | | |
| Referring Identifier: | | Patient Full Legal Name (First and Last Name) | | |
|  | | DH MRN | | |
| Date of Birth  / / | | Sex   Male  Female |
| Copy to: | | Visit Type | Location | Skilled Nursing Patient?   Yes  No |
|  | | | | |
| Ordering Provider (First and Last Name) | Ordering Provider Signature | Collector Signature | | Collection Date and Time |
| Billing provider (First and Last Name), if different | | | | |
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| **Specimen Information:**  *(Note: Multiple biopsies from different regions should be submitted in separate bottles. Multiple pieces from one site may be submitted in one bottle.)*   ***If Breast biopsy – please provide time of excision \_\_\_\_\_\_\_ and time into fixative \_\_\_\_\_\_\_. (Ischemic Time)*** | | | | |
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| **Specimen Source:** :  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Specimen Type:**  Path: Biopsy Excision Resection  Skin: Shave ED&C Excision Re-excision  Cyst Snip Punch ( \_\_ mm)  **Number of pieces:**  1234multiple | | **Clinical History and Diagnosis:** | | |
| **Specimen Source:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Specimen Type:**  Path: Biopsy Excision Resection  Skin: Shave ED&C Excision Re-excision  Cyst Snip Punch ( \_\_ mm)  **Number of pieces:**  1234multiple | | **Clinical History and Diagnosis:** | | |
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| **Specimen Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Specimen Type:**  Path: Biopsy Excision Resection  Skin: Shave ED&C Excision Re-excision  Cyst Snip Punch ( \_\_ mm)  **Number of pieces:** 1234multiple | | **Clinical History and Diagnosis:** | | |
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