

Hematopathology Consultation Requisition

Date:	Patient Name:
Referring Institution:	Address:
Address:	Age _____ Sex: M F
Referring Physician:	Social Security #:
Phone: FAX:	Date of Birth:
Referring Pathologist:	
Phone: FAX:	

Pathological Material Forwarded	
Accession No.:	Collection Date
Site of Specimen:	Fresh Fixed in _____
# slides sent:	Slides labelled:
# blocks sent:	Blocks labelled:

Clinical History:
Differential Diagnosis:

Physician signature _____