ALLINA HEALTH LABORATORY PATHOLOGIST CONSULTATION FORM

Case Number _r	

2800 10th Ave. S., Ste 2000, Minneapolis, MN 55407 (612) 863-4678 • (800) 281-4379	
(012) 000-4070 (000) 201-4373	DO NOT ORDER MANUALLY – Excellian order
	DATE & TIME COLLECTED
	Place patient name, date of birth, MRN in this space or affix patient label:
Sending location:	
rimary Physician:	-
Proceduralist:	
dditional copies of pathology reports should be sent to:	
Physician:First Name MI Last Name	 This form to be used by HPA Pathologist to document specimen findings.
Referring:	This form must accompany specimen to Allina
Other:	Haalda Labanatana
Alloi.	_
linical History:	
N	
iross:	
omments for Lab:	
iagnosis	