

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: _____

Primary Physician: _____

Proceduralist: _____

Additional copies of pathology reports should be sent to:

Physician: _____
 First Name MI Last Name

Referring: _____

Other: _____

- This form to be used by HPA Pathologist to document specimen findings.
- This form must accompany specimen to Allina Health Laboratory

Clinical History:

Gross:

Comments for Lab:

Diagnosis