

Histopathology data form

LabLink

Patient name: _____

Patient DOB: _____

Patient MRN: _____

Date of procedure: _____

Provider: _____

Clinical information/
Reason for biopsy: _____

Specimen instructions: Intra-Op Lymphoma workup Other Routine

Specimen	Source (specific)	Time excised (HH:MM)	Time in formalin (HH:MM)
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
O			

This form is for data collection at the time of procedure only. The information must be included in the electronic order, and the form should not be sent with the specimen to Allina Health Laboratory.