

# CLINICAL PATHOLOGY REQUISITION

**Dahl-Chase Pathology Associates**

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207-941-8200 / 1-800-660-1626

<b>PATIENT</b>	Patient Name (Last, First, MI)		Primary Insurance Name	
	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Telephone	Primary Insurance Policy ID
	Social Security Number		Medical Record Number	Group Number
	Mailing Address		Primary Medical Claims Address, City, State, Zip	
<b>INSURANCE</b>	City, State, Zip		Secondary Insurance Name	
	Requesting Clinician Name (Last, First)		Secondary Insurance Policy ID	Group Number
	Hospital/Laboratory Name		Secondary Medical Claims Address, City, State, Zip	
	Collection Date & Time	Requisition completed by	Copy to Clinician Name (Last, First, & Office Location)	
		<input type="checkbox"/> Correlation with previous or concurrent case: _____		

**PRIORITY:**

- Routine  
 Rapid  
 Number to call \_\_\_\_\_  
 (NOTE: if received on Friday and you wish to be called on Saturday, please include the weekend number)

**LOCATION OF COLLECTION:**

- Day Surgery  OR  
 Emergency Room  Outpatient / Lab  
 Endoscopy  Physician office patient  
 Inpatient Floor  Radiology/Ultrasound

**CLINICAL INFORMATION (REQUIRED FOR ALL TESTS-include patient diagnosis & history)**

**Anemia Evaluation (Reflex Anemia Testing):**

- \*\* Check any of the following that apply:
- |  |   |
|--|---|
| <input type="checkbox"/> Hypothyroidism      | <input type="checkbox"/> Rheumatoid Arthritis               |
| <input type="checkbox"/> Gastritis           | <input type="checkbox"/> Liver Disease                      |
| <input type="checkbox"/> Renal Insufficiency | <input type="checkbox"/> Connective Tissue Disease          |
| <input type="checkbox"/> Malignancies        | <input type="checkbox"/> Other Chronic Inflammatory Disease |
| <input type="checkbox"/> Prior Chemotherapy  | <input type="checkbox"/> Recent Transfusion                 |
- \*\* Attach CBC report (Histogram optional) with cell counts and differential. Send one stained and one unstained peripheral smear. Send TSH, LFTs, Creatinine, eGFR, MMA, Soluble Transferrin within one year if available.

Check off and send results of appropriate tests

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> MCV < 80         | <input type="checkbox"/> MCV 80-100       | <input type="checkbox"/> MCV > 100 |
| <input type="checkbox"/> Ferritin         | <input type="checkbox"/> Ferritin         | <input type="checkbox"/> B12       |
| <input type="checkbox"/> Iron, %sat, TIBC | <input type="checkbox"/> Iron, %sat, TIBC | <input type="checkbox"/> Retic     |
|   | <input type="checkbox"/> B12              |                                    |
|   | <input type="checkbox"/> Retic            |                                    |

**Semen Analysis:**

\*\* Attach semen analysis results or fill in results below. Also attach any patient collection information.

Liquefaction \_\_\_\_\_ min. Semen Color \_\_\_\_\_  
 Volume \_\_\_\_\_ ml Count \_\_\_\_\_ million/ml

Objective Motility \_\_\_\_\_ % Testing done by heat immobilization method (no forward progression needed because a total of a and b progression is reported in the objective immobilization technique)

Other: \_\_\_\_\_  
 • Send two unstained smears.

**Body Fluid Smear Review (check type)**

- Please review with lab staff  
 CSF  Peritoneal  
 Pleural  Synovial  
 Other \_\_\_\_\_

\*\* Attach complete body fluid report with cell counts, differentials, and other results.

- Send two (cytospin if possible) smears; one stained and one unstained.

**Peripheral Blood Smear Review:**

**NOTE: For Parasite ID only, submit appropriate specimens/smears to your microbiology reference laboratory.**

Reason for referral:

- Lymphocytosis or Blasts -  EDTA tube included  
 Doctor Request  
 Meets Criteria: \_\_\_\_\_

- Send one stained and one unstained smear
- Attach current CBC results and previous CBC results if indicated
  - Previous CBC results not indicated
  - Previous CBC results included
  - No prior CBC results available
- Attach corresponding lab results if indicated and available
  - Additional lab results not indicated
  - Additional lab results included
  - No additional lab results available