

# Histology Processing Request Form

LAB USE ONLY

CLIENT INFORMATION



**Advanced  
Clinical Laboratories**

**“Focusing on Anatomic Pathology”**

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HP 01001

Processing Date:	Ordering Pathologist/Physician:	Hospital:	Facility:
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Fixative for Processing (select one) <input type="checkbox"/> B5 <input type="checkbox"/> Bouin's <input type="checkbox"/> Ethanol <input type="checkbox"/> Formalin <input type="checkbox"/> Zinc Formalin <input type="checkbox"/> Other _____	Total Blocks	For Lab Use Only
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item	Block ID Number	Number of Pieces	Number of Cassettes	Service Requested (Please Specify Quantity)				Specimen Site	Accessioning Notes	Time
				Levels	Serials	Unstained	Special Stains			
1							<input type="checkbox"/> PAS <input type="checkbox"/> GMS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> H. Pylori <input type="checkbox"/> AFB			
2							<input type="checkbox"/> PAS <input type="checkbox"/> GMS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> H. Pylori <input type="checkbox"/> AFB			
3							<input type="checkbox"/> PAS <input type="checkbox"/> GMS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> H. Pylori <input type="checkbox"/> AFB			
4							<input type="checkbox"/> PAS <input type="checkbox"/> GMS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> H. Pylori <input type="checkbox"/> AFB			
5							<input type="checkbox"/> PAS <input type="checkbox"/> GMS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> H. Pylori <input type="checkbox"/> AFB			
6							<input type="checkbox"/> PAS <input type="checkbox"/> GMS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> H. Pylori <input type="checkbox"/> AFB			
7							<input type="checkbox"/> PAS <input type="checkbox"/> GMS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> H. Pylori <input type="checkbox"/> AFB			
8							<input type="checkbox"/> PAS <input type="checkbox"/> GMS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> H. Pylori <input type="checkbox"/> AFB			
9							<input type="checkbox"/> PAS <input type="checkbox"/> GMS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> H. Pylori <input type="checkbox"/> AFB			
10							<input type="checkbox"/> PAS <input type="checkbox"/> GMS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> H. Pylori <input type="checkbox"/> AFB			
11							<input type="checkbox"/> PAS <input type="checkbox"/> GMS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> H. Pylori <input type="checkbox"/> AFB			
12							<input type="checkbox"/> PAS <input type="checkbox"/> GMS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> H. Pylori <input type="checkbox"/> AFB			
13							<input type="checkbox"/> PAS <input type="checkbox"/> GMS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> H. Pylori <input type="checkbox"/> AFB			
14							<input type="checkbox"/> PAS <input type="checkbox"/> GMS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> H. Pylori <input type="checkbox"/> AFB			
15							<input type="checkbox"/> PAS <input type="checkbox"/> GMS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> H. Pylori <input type="checkbox"/> AFB			
16							<input type="checkbox"/> PAS <input type="checkbox"/> GMS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> H. Pylori <input type="checkbox"/> AFB			
17							<input type="checkbox"/> PAS <input type="checkbox"/> GMS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> H. Pylori <input type="checkbox"/> AFB			
18							<input type="checkbox"/> PAS <input type="checkbox"/> GMS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> H. Pylori <input type="checkbox"/> AFB			
19							<input type="checkbox"/> PAS <input type="checkbox"/> GMS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> H. Pylori <input type="checkbox"/> AFB			
20							<input type="checkbox"/> PAS <input type="checkbox"/> GMS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> H. Pylori <input type="checkbox"/> AFB			
21							<input type="checkbox"/> PAS <input type="checkbox"/> GMS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> H. Pylori <input type="checkbox"/> AFB			
22							<input type="checkbox"/> PAS <input type="checkbox"/> GMS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> H. Pylori <input type="checkbox"/> AFB			
23							<input type="checkbox"/> PAS <input type="checkbox"/> GMS <input type="checkbox"/> Alcian Blue <input type="checkbox"/> H. Pylori <input type="checkbox"/> AFB			

Total Number of Blocks:	Accessioner	Time	AM PM
		Time	AM PM

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDI-CAL (MEDICAID) REIMBURSEMENT IS SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF A PATIENT, RATHER THAN FOR SCREENING PURPOSES.

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