

**Breast Pathology
Requisition — Radiology**

Surgical Pathology Laboratory
Tissue Intake: (203) 785-4804 • EP 2-631

SP#:

Pathology barcode

UNIT NO.:

NAME:

BIRTH DATE:

VISIT NUMBER:

(If handwritten, record name, unit no., birth date, and visit no.)

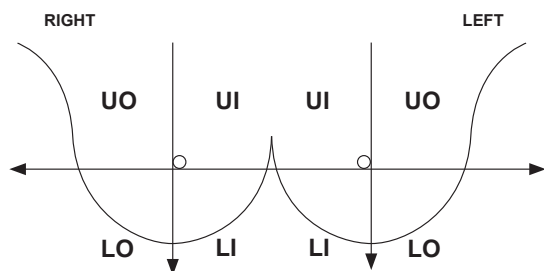
SERVICE	RESPONSIBLE M.D. (FIRST and LAST NAME)	
DATE TAKEN	SIGNATURE	PHONE #, BEEPER #

CC: PHYSICIAN(S) (FIRST and LAST NAME)

CLINICAL IMPRESSIONS / HISTORY:

SPECIFIC QUESTIONS TO BE ANSWERED:

INDICATE SITE OF LESION(S) ON DIAGRAM



	Mass	Calcifications
Solid, Circumscribed		
Solid, Spiculated		
Cystic		
Clustered		
Branching		
Other (specify):		

Radiographic Procedure:

- Mammogram
- Ultrasound
- MRI

Radiographic Level of Suspicion:

- Probably Benign/BIRADS 3
- Moderately Suspicious/BIRADS 4
- Highly Suspicious/BIRADS 5

For Core Biopsies:

Cores Collected per Specimen and Location:

Specimen 1: _____ Loc. _____

Specimen 2: _____ Loc. _____

Specimen 3: _____ Loc. _____

Specimen 4: _____ Loc. _____

Time tissue placed in formalin fixative*:

Specimen 1: _____ Hr. _____ Min.

Specimen 2: _____ Hr. _____ Min.

Specimen 3: _____ Hr. _____ Min.

Specimen 4: _____ Hr. _____ Min.

*If number of specimens exceeds space allowed, use "Surgical Pathology Requisition" to continue.