

EYE PATHOLOGY
REQUISITION

EYE 617-573-3319
MGH 617-726-2967

MAIN O.R. SURGI O.R. OTHER _____

Date of Procedure: _____

Surgeon: _____ M.D.

Additional reports to: _____ M.D.

Form filled out by: _____

SPECIMENS SUBMITTED: FORMALIN ONLY FOR MAILED SPECIMENS

Lymphoma Workup Frozen Section

in Saline Solution No Solution in Formalin

NAME OF OPERATION/PROCEDURE Biopsy Excision

CLINICAL HISTORY: (Include etiology, date of onset, treatment, and progress)

PATIENT NAME, MR #, Date of birth:

Indicate location of lesion on drawing.

Was lesion completely excised? Yes No

(If tumor is suspected, please mark specimen with suture and indicate orientation).



OR.. DX & PATHOL