

ENDOSCOPIC PATHOLOGY REQUISITION

Name _____

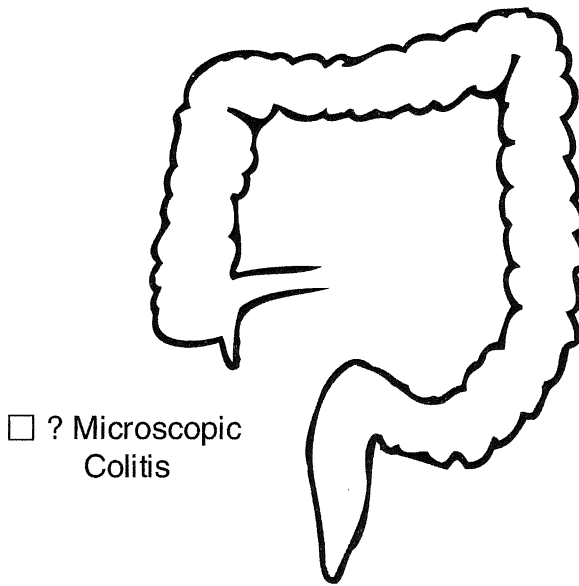
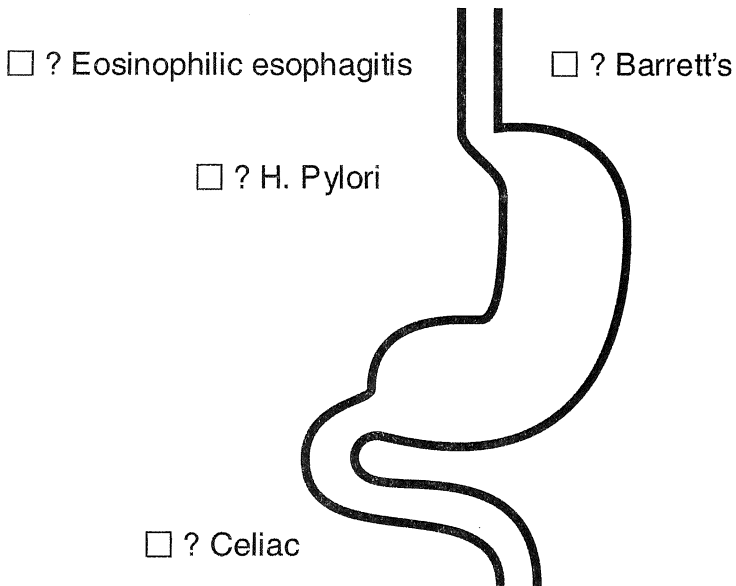
Sex _____ Birthdate ____ / ____ / ____ Date _____

Physician(s) _____

Clinical Information _____

Provider Signature _____ Date _____ Time _____

USE DIAGRAM OR TABLE, DESIGNATE BOTTLE NUMBER AND NUMBER OF BIOPSIES.



Bottle	Location (cm)	Description/ # of biopsies	Size(mm)	Sessile	Pedunculated	Cold Bx	Hot Bx	Snare	Time Specimen Received from Patient	Time Specimen Placed in Fixative