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Surgical Pathology Requisition Form for Oncology Resections

Surgeon Name: _____

PATIENT ID INFORMATION

Date of Operation: ____/____/____

SPECIMEN SOURCE: DD MM YYYY
A : _____ B: _____
C : _____ D: _____

HISTORY :

NEOADJUVANT THERAPY : NO
 YES XRT : Short Course Long Course Chemotherapy
 UNKNOWN

CLINICAL STAGING (PRETREATMENT) : CT _____ N _____ M _____

RADIOLOGICAL: Finding if applicable (for Bone & Soft tissue resections)

PROCEDURE	TUMOR SITE
<p>LATERALITY Right <input type="checkbox"/> Midline <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/></p>	
<p>Other relevant intraoperative findings: _____</p>	

OPERATION OF SPECIMEN:

Suture Marking

For Breast Carcinoma

Cold Ischemia Time <1 hour Yes No
Fixative (Neutral buffered formalin) Yes No
Fixation time (6 to 48 hrs.) Yes No