

Surgical Pathology, Routine Tissue

Order Name: **7**
Revision Date: 03/02/2016

TEST NAME	METHODOLOGY	LOINC CODE
Surgical Pathology, Routine Tissue		

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Instructions	<p>Instructions:</p> <ol style="list-style-type: none"> 1. Submit tissue preserved in 10% neutral buffered formalin immediately following collection. 2. A Tissue Request Form must accompany specimen to laboratory. Affix a patient label to all copies of request form. Include the following: <ol style="list-style-type: none"> A. Patient complete name and hospital identification number B. Date and time of service C. Attending physician or surgeon (if not the attending physician) D. Previous surgery relevant to the case E. Radiation therapy F. Doctor pre-op diagnosis G. Pertinent abnormal laboratory or physical findings H. Specific specimen source I. Consulting or additional physicians <p>Note: Label container with patient name (first and last) or other unique identifier, patient hospital identification number or Social Security number, date and time of collection, collector initials, test(s) being ordered, and type of specimen.</p> <p>Storage: Ambient Do not Refrigerate or Freeze</p>			

GENERAL INFORMATION

Testing Schedule	Monday through Friday
CPT Code(s)	Varies
Lab Section	NRLS-Histology