PLEASE ATTACH COPY OF FRONT AND BACK OF PATIENT'S INSURANCE CARD OR DEMOGRAPHIC SHEET

PGL Pathology Group of Louisiana

5339 O'Donovan Drive Baton Rouge, LA 70808
2325 N. Hullen St. Suite 103 Metairie, LA 70001
P: 225-766-1090 or 225-766-4999 F: 225-766-6050

PATIENT INFORMATION

TISSUE EXAMINATION REQUEST

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
SOCIAL SECURITY NO.	GENDER	MARITAL STATUS	PHONE NUMBER	MRN or CHART NO.	
HOME ADDRESS		CITY		STATE	ZIP
ORDERING PHYSICIAN		COPY TO PHYSICIAN			

CLINICAL HISTORY/ DIAGNOSIS (REQUIRED)

SPECIMEN INFORMATION

USE EXTRA SHEETS IF MORE THAN 10 SPECIMENS

DATE OF COLLECTION	TIME OF COLLECTION AM PM	TIME IN FORMALIN AM PM

SPECIMEN # Circle: Right Left	SPECIMEN # Circle: Right Left
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PGL/IOC
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