



This requisition should be used for HSCT patients only. This requisition and the accompanying specimen(s) will be sent to FHCC Pathology for analysis.

Attending Provider		EPIC PATIENT LABEL HERE
Ordering Provider		
Provider's Pager Number	Diagnosis/ICD Code	

REQUIRED SPECIMEN INFORMATION:

DATE COLLECTED: ___/___/_____

TIME COLLECTED: ____:____ AM / PM

FHCC PATHOLOGY

Specimen Type: Tissue

Specimen Source:

- | | |
|----------------------------------|-------------------------------|
| <input type="checkbox"/> A _____ | Other (Specify): _____ |
| <input type="checkbox"/> B _____ | Other (Specify): _____ |
| <input type="checkbox"/> C _____ | Other (Specify): _____ |
| <input type="checkbox"/> D _____ | Other (Specify): _____ |
| <input type="checkbox"/> E _____ | Other (Specify): _____ |
| <input type="checkbox"/> F _____ | Other (Specify): _____ |
| <input type="checkbox"/> G _____ | Other (Specify): _____ |
| <input type="checkbox"/> H _____ | Other (Specify): _____ |

Clinical requests (EBER staining, etc.): _____

PROVIDER/CARE TEAM: In Epic, please order HSCT Tissue Exam, Limited (LAB1130). If patient is being biopsied at a location other than Seattle Children's Hospital, please use separate FHCC Pathology Requisitions.

CPA: Processing of FHCC Pathology specimens is performed by Send Outs. Please deliver specimen(s) to Send Outs wet bench personnel or room temperature Send Outs rack.

SHIP SPECIMEN(S) TO:

FHCC Pathology
825 Eastlake Ave E, Room 1201
Seattle, WA 9810
Ph: (206) 606-1355 or (206) 606-1000 (After Hours)

Clinical History and/or Other Comments: