

Tucson Pathology Associates

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Breast Biopsy Requisition

Please provide all patient information including insurance or a copy of the card.

<p>Patient's Name <input style="width: 90%;" type="text"/></p> <p>Or Label <input style="width: 90%;" type="text"/></p> <hr/> <p>Patient's Address <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 30%;" type="text"/> State <input style="width: 30%;" type="text"/></p> <p>Zip <input style="width: 20%;" type="text"/> Phone # <input style="width: 30%;" type="text"/></p> <p>Patient's Insurance Info <input style="width: 90%;" type="text"/></p>	<p>Date <input style="width: 60%;" type="text"/></p> <p>Time <input style="width: 60%;" type="text"/></p> <p>DOB <input style="width: 60%;" type="text"/></p> <p>Sex <input style="width: 60%;" type="text"/></p>	<p>ICD10 <input style="width: 90%;" type="text"/></p> <div style="border: 1px dashed black; padding: 10px; text-align: center; font-size: 24px; margin: 10px 0;"> For TPA use only </div> <p>Copy of Card: <input type="radio"/> Y <input type="radio"/> N</p>
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Specimen Description

Ischemic Time

Specimen A	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Breast <input type="checkbox"/> Axilla <input type="checkbox"/> Lymph Node <input type="checkbox"/> RPMI <input type="checkbox"/> MRI Lesion <input type="checkbox"/> Calcs <input type="checkbox"/> W/O Calcs <input type="checkbox"/> Cyst Aspiration <input type="checkbox"/> FNA <input type="checkbox"/> Core <input type="checkbox"/> Vacuum <input type="checkbox"/> Mass Clinical DX <input style="width: 100px;" type="text"/> Position <input style="width: 100px;" type="text"/> Size <input style="width: 100px;" type="text"/>
Specimen B	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Breast <input type="checkbox"/> Axilla <input type="checkbox"/> Lymph Node <input type="checkbox"/> RPMI <input type="checkbox"/> MRI Lesion <input type="checkbox"/> Calcs <input type="checkbox"/> W/O Calcs <input type="checkbox"/> Cyst Aspiration <input type="checkbox"/> FNA <input type="checkbox"/> Core <input type="checkbox"/> Vacuum <input type="checkbox"/> Mass Clinical DX <input style="width: 100px;" type="text"/> Position <input style="width: 100px;" type="text"/> Size <input style="width: 100px;" type="text"/>
Specimen C	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Breast <input type="checkbox"/> Axilla <input type="checkbox"/> Lymph Node <input type="checkbox"/> RPMI <input type="checkbox"/> MRI Lesion <input type="checkbox"/> Calcs <input type="checkbox"/> W/O Calcs <input type="checkbox"/> Cyst Aspiration <input type="checkbox"/> FNA <input type="checkbox"/> Core <input type="checkbox"/> Vacuum <input type="checkbox"/> Mass Clinical DX <input style="width: 100px;" type="text"/> Position <input style="width: 100px;" type="text"/> Size <input style="width: 100px;" type="text"/>
Specimen D	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Breast <input type="checkbox"/> Axilla <input type="checkbox"/> Lymph Node <input type="checkbox"/> RPMI <input type="checkbox"/> MRI Lesion <input type="checkbox"/> Calcs <input type="checkbox"/> W/O Calcs <input type="checkbox"/> Cyst Aspiration <input type="checkbox"/> FNA <input type="checkbox"/> Core <input type="checkbox"/> Vacuum <input type="checkbox"/> Mass Clinical DX <input style="width: 100px;" type="text"/> Position <input style="width: 100px;" type="text"/> Size <input style="width: 100px;" type="text"/>

If invasive perform ER, PR & Her2 If invasive perform Ki-67 If in situ perform ER,PR

Physician **Copy to** Fax Paper Web

Copy to Fax Paper Web

Specimen Receiver <input style="width: 50px;" type="text"/>	Accessioner <input style="width: 50px;" type="text"/>	Date and Time Received <input style="width: 90%;" type="text"/>
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