

PATIENT NAME: _____ D.O.B. _____	<b>Tulane University Pathology Department Laboratory</b> Gastrointestinal Pathology Consultation S.P. # _____
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OFFICE NAME AND ADDRESS \_\_\_\_\_

SERVICE \_\_\_\_\_ RESPONSIBLE M.D. \_\_\_\_\_  
 (PRINT LEGIBLY) (PHONE/BEEPER NUMBER)

DATE TAKEN \_\_\_\_\_ SIGNATURE \_\_\_\_\_

<b>SPECIMEN SUBMITTED</b> Please include a copy of the surgical pathology report (if applicable)		
Tissue Source: _____		
Paraffin Block(s) # sent _____	Fresh Tissue _____	Other _____

Has the patient had biopsies or surgery here previously?  No  Yes

Date \_\_\_\_\_

Histology \_\_\_\_\_

Clinical Impression \_\_\_\_\_

Medications \_\_\_\_\_

Procedure \_\_\_\_\_

Bowel Prep Used \_\_\_\_\_

Previous Pathology Numbers If Known \_\_\_\_\_

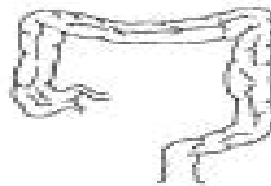
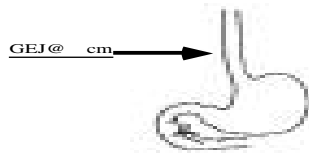
Endoscopic or Operative Findings Or Assessments \_\_\_\_\_

If Liver Biopsy	
AST	_____
ALT	_____
Alk Phos	_____
T. Bili	_____
Alb	_____
ANA	_____
SMA	_____
AMA	_____
HCV	_____
HBV	_____

Endoscopic Photo Included

Endoscopic Report Included

*Bx#	CM.
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____



OFFICE USE ONLY      Date Received \_\_\_\_\_      Pathology Number \_\_\_\_\_