

OPHTHALMIC PATHOLOGY LABORATORY REQUEST FORM

Date/Time tissue placed in fixative: _____

PATIENT NAME: _____

ADDRESS: _____
Street City State Zip Code

MRN: _____ Case #: _____ DOB: _____ AGE: _____ RACE: _____ SEX: _____

PROCEDURE: _____ SURGERY DATE: _____

SURGEON: _____
Name Address Phone #

FACILITY: _____
Name Address

SPECIMEN(S): A _____ Right Left
B _____ Right Left
C _____ Right Left
D _____ Right Left

Clinical Diagnosis: _____

History: _____

Condition of Other Eye: _____

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1. Place specimen in a screw-top container with a volume of 10% Formalin that entirely covers the specimen.
 2. Label the outside of the specimen container with the Patient's Name, ID#, and Type of Specimen.

Requesting facility will be billed for technical services. Fee Schedule available upon request.

Delivery Address:

McDermott Building on Greehey Academic & Research Campus
8403 Floyd Curl Drive, Rm 4.520
Phone Contact: (210) 567-8460

Mailing Address:

UT Health Science Center at San Antonio
ATTN: Lions Eye Pathology Laboratory
7703 Floyd Curl Drive, MSC 6230
San Antonio, TX 78229-3900