

HISTOPATHOLOGY: 1402 S. GRAND BLVD., ST. LOUIS, MO 63104 • P: 314-617-2814 • F: 314-617-2793

PATIENT NAME (LAST, FIRST, MI):		DATE OF BIRTH:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	DIAGNOSIS CODE:
DATE OF COLLECTION:	TIME OF COLLECTION: <input type="checkbox"/> AM <input type="checkbox"/> PM	ACCESSION #:		BLOCK ID:
PLACE OF SERVICE SPECIMEN WAS OBTAINED: INPATIENT ENTER ADMIT DATE: ___/___/___ <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> ASC <input type="checkbox"/> OFFICE				H #:
REFERRING INSTITUTION:		SPECIMEN TYPE:	FIXATIVE:	
ADDRESS:		CITY:	STATE:	ZIP CODE:
PHONE:	FAX:	REFERRING PHYSICIAN SIGNATURE:		DATE:

SPECIAL STAINS

- | | |
|--|---|
| <input type="checkbox"/> ACID FAST BACTERIA (AFB ZIEHL-NEELSEN)
<input type="checkbox"/> ALCIAN BLUE, PH 2.5
<input type="checkbox"/> ALCIAN BLUE/PAS
<input type="checkbox"/> COLLOIDAL IRON
<input type="checkbox"/> CONGO RED
<input type="checkbox"/> COPPER
<input type="checkbox"/> DIASTASE/PAS
<input type="checkbox"/> ELASTIC (VVG)
<input type="checkbox"/> FITE (AFB)
<input type="checkbox"/> FONTANA-MASSON
<input type="checkbox"/> GIEMSA
<input type="checkbox"/> GOMORI'S IRON
<input type="checkbox"/> GOMORI'S TRICHROME
<input type="checkbox"/> GORDON-SWEET RETICULIN
<input type="checkbox"/> GRAM | <input type="checkbox"/> GROCCOTT'S METHENAMINE SILVER (GMS)
<input type="checkbox"/> JONES METHENAMINE SILVER (JMS)
<input type="checkbox"/> LFB/PAS
<input type="checkbox"/> MOVAT PENTACHROME
<input type="checkbox"/> MUCICARMINE
<input type="checkbox"/> OIL RED O
<input type="checkbox"/> PAS
<input type="checkbox"/> THIOFLAVIN S
<input type="checkbox"/> THIOFLAVIN T
<input type="checkbox"/> VON KOSSA
<input type="checkbox"/> WARTHIN-STARRY (DIETERLE) |
|--|---|

DEEPER LEVELS X: _____

RECUTS X: _____

UNSTAINED SLIDES DRIED X: _____ UNDRIED X: _____

ADDITIONAL INSTRUCTIONS:
