

## McLaren Print System Order

Order No: 63613  
 Order Date: 2021-07-12  
 User: Stefanie Sedwick  
 Phone: 8109893192

Ship Location: McLaren Port Huron- Basement Pre-Admission Attn: Stefanie  
 1221 Pine Groove Ave  
 Port Huron, MI 48040

Forms  
 Quantity: 10  
 Paragon Dept No: 24485  
 Dept Name: Pre-Admission Testing  
 Company Number: 480

Order Total Price: 410.00

Item Number: 388  
 Item Description: SURGICAL-CYTOLOGY FORM 4 PART  
 Revision Date: 12/2014  
 Print:  
 Paper:  
 Size:  
 Fold:  
 Finish:  
 Drill:  
 Misc Info: 100 sets per package; SS; black; 4 PART

**McLaren**  
 PORT HURON  
 1221 Pine Groove, Port Huron, MI 48040

**Surgical/Cytology Request Form**

Form includes sections for: Patient Information, Clinical History (Diagnosis/Operative/Endoscopic Findings), Procedure, Surgical Specimens (Bite), Cytology Specimens (Bite), Additional Requests on Surgically/Toilet Specimens Only, Specimen Source, and Stillborn Fetus information.

**Spec Info:**

I, the undersigned pathologist, have confirmed the patient's identification and verbally delivered the report to the submitting clinician.

Physician Order List  
 "MCL" Form 388 12/14

Distribution: Original to Receiver  
 Copy to Pathologist  
 Copy to the Clinical Lab