

<input type="checkbox"/> นาย <input type="checkbox"/> นางสาว <input type="checkbox"/> อ.ส.	Name and Last name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	ID. No:
Hospital:		Ward:	HN:	Date&Time of collection:
Physician:		LN:	HIS:	

SURGICAL PATHOLOGY REQUISITION FORM

BARCODE

PATHOLOGISTS Prasarn Jimakorn, M.D. Ittee S. Chonmaitri, M.D. Damrong Bhanthumkosol, M.D. Thiti Kuakpaetoon, M.D. Chai Petchasuwan, M.D. Anucha Tangthangtham, M.D. Jidapa Thammasiri, M.D. Sayoomporn Karalak, M.D. Kobkul Tangsinmankong, M.D. Napaporn Puriput, M.D. Paisarn Boonsakan, M.D. Sakchai Chitpakdee, M.D. Piriya Sutthiruangwong, M.D. Anchaleerat Lertsatit, M.D. Thiwaporn Thesawadwong, M.D. Weena Laddachayaporn, M.D. Poonnawis Sudtikoonaseth, M.D. Chutima Chavanisakun, M.D. Nisarath Dhanarak, M.D. Noppadol Larbcharoensub, M.D. Churaion Unhasuta, M.D.	<input type="checkbox"/> Histopathology <input type="checkbox"/> Frozen Section <input type="checkbox"/> Slide Consultation No. of tissue specimens No. of containers or slides	<input type="checkbox"/> Immunohistochemistry (IHC) <input type="checkbox"/> ER <input type="checkbox"/> PR <input type="checkbox"/> c-erbB2(Her2) <input type="checkbox"/> P53 <input type="checkbox"/> Ki-67 <input type="checkbox"/> <input type="checkbox"/> Other, specify
	Source of tissue specimen:	
	Method of specimen collection: <input type="checkbox"/> incision <input type="checkbox"/> excision <input type="checkbox"/> resection <input type="checkbox"/> others.....	
	Clinical Dx:	
	Clinical Hx:	
	Bone marrow specimen, please provide results of CBC, other lab tests and physical exam. of liver, spleen and lymph nodes.	
	Previous cytologic and/or surgical pathology result:	
	<input type="checkbox"/> Yes Result Date <input type="checkbox"/> No	
	Physician's Signature M.D. Date.....	
	For BPL used only No. of slides No. of bottles Received date and time Registration date and time	