

Breast Requisition

Date: _____

Time: _____

Surgeon: _____

Attending Physician: _____

Place patient label here

Date breast core was taken: _____

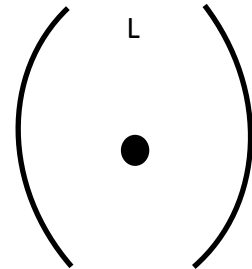
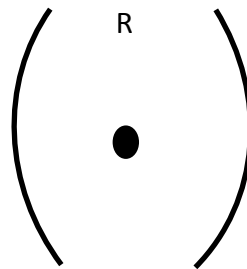
Indicate sutures on image below

1.) Time out of body: _____

Time in fixative: _____

2.) Time out of body: _____

Time in fixative: _____



X=Short/Superior XX= Long/Lateral

Other: _____

Specimens

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____

	Touch Prep	Frozen/ IOC	Cytology	Microbiology	Frozen/IOC impression
1.)					_____
2.)					_____
3.)					_____
4.)					_____
5.)					_____
6.)					_____
7.)					_____

Please send imaging reports, x-rays and IHC test results on previous breast core biopsies.