

MRL-MDL IA #R7251

**Date & Time of Surgery:** \_\_\_\_\_

**PATIENT'S INFORMATION** (SOFTLAB REGISTER IA #R7251)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender \_\_\_\_\_ Race \_\_\_\_\_ Address: \_\_\_\_\_

**Ordering Physician's Full Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Hospital/Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**PREVIOUS MALIGNANCY:** \_\_\_\_\_

Irradiation  Y  N      Chemotherapy  Y  N

Hormonal Therapy: \_\_\_\_\_ LMP: \_\_\_\_\_

**SURGICAL PATHOLOGY CONSULTATION REQUEST**

HISTORY CLINICAL DIAGNOSIS
PRE OPERATIVE DIAGNOSIS
SPECIMEN

**TO MAIL SPECIMEN  
(PLEASE SECURELY CLOSE AND SEND TO):  
Houston Methodist Diagnostic Laboratories  
6565 Fannin St., Dunn Tower  
Second Floor, D2-109  
Houston, TX 77030  
Phone: 713-441-4411**

**Patient Label**