### Antech Pathologist

**Pathology**
- CFBX Biopsy
- CSTAT (for Biopsy only additional charge)
- CCBE Surgical Margin Evaluation
- CDERM Dermatopathology Consult
  (add'l form required, see Service Directory)

**Cytology**
- CCYTO Cytology
- CFLUA Fluid Analysis w/ Cytology
- CBONE Bone Marrow Cytology
- CCSF CSF w/ Cytology
- CPASC Cytology w/PAS Stain

**Location**
- CFBX
- CCYTO
- CFLUA
- CBONE
- CCSF
- CPASC

### Specimen Description

- **Type of Biopsy**
  - Surgical Excision: Complete Partial Excisional Wedge Punch Needle Endoscopic Surgical margins inked

- **Items Submitted**
  - # of containers: 
  - # of specimens: 
  - # of sites sampled: 

### Clinical History (Required Information)

- **Source(s):**
- **Previous diagnostic testing ref no.:**
- **Previous biopsy or cytology ref no.:**

Please provide a concise clinical summary. Describe gross appearance, size and distribution of the lesion(s). Attach clinical diagnosis, photographs, radiographs, drawings, prior histopathologic or cytologic diagnosis where appropriate.

### Specimen Processing Lab use only

- **Number of Containers**: 
- **Number of Cassettes**: 
- **Technician**: 

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- **CBONE**: Bone Marrow Cytology
- **CCSF**: CSF w/ Cytology
- **CPASC**: Cytology w/PAS Stain

### Location
- **CAFSA**: Acid Fast Stain
- **CGRAM**: Gram Stain

### Specimen Description Type of Biopsy

- **Surgical Excision**: Complete Partial Excisional Wedge Punch Needle Endoscopic Surgical margins inked

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**Date**

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**Doctor**

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**Pathology**

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**Cytology**

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- CFLUA: Fluid Analysis w/ Cytology
- CGRAM: Gram Stain
- CBONE: Bone Marrow Cytology
- CCF: CSF w/ Cytology
- CPASC: Cytology w/PAS Stain
- CAFS: Acid Fast Stain
- CGRAM: Gram Stain

**Location**

- Acid Fast Stain
- Gram Stain

**Specimen Description**

Surgical Excision: ○ Complete ○ Partial ○ Excisional ○ Wedge ○ Punch ○ Needle ○ Endoscopic ○ Surgical margins inked

**Type of Biopsy**

Items Submitted: # of containers. _________ # of specimens. ________ # of sites sampled. ________

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