



Specimen Viability Service PANCREATIC FLUID Request Form

RedPath Integrated Pathology, Inc.
2515 Liberty Avenue
Pittsburgh, PA 15222
Local: 412-224-6100
Toll Free: 1-800-495-9885
Fax: 412-224-6425
www.redpathip.com

Refer to instructions on reverse for specimen labeling and shipping instructions.

1. Patient Information Print legibly or attach label containing required information. This information must also appear on specimen label.	Name – Last, First, MI	MRN or SSN	Date of Birth (mm/dd/yyyy)

2. Physician Information	Name – Last, First, MI	Phone	Fax	Email

3. Institution Information	Institution Name:		Department
	City:	State:	

4. Specimen Information (Indicate All Materials Submitted)	
Specimen Collection Date (mm/dd/yy)	Specimen Origin (Tissue type) : <input type="checkbox"/> Pancreatic Cyst <input type="checkbox"/> Pancreatic Duct <input type="checkbox"/> Other _____

Pancreatic Fluid Aspirate

When more than one tube of fluid is submitted, indicate whether all fluid is from the same specimen or each tube contains fluid collected from different sites, e.g., different cysts.

All fluid from same site of collection

Fluids from different sites of collection, e.g. head cyst vs. tail cyst (Specify and label each tube appropriately)

Control Specimen: Buccal Brush OR Blood sample (EDTA tube, ACD A tube or ACD B tube)

5. NOTICE: The submission of specimens to RedPath for proper storage is to maintain the viability of pancreatic fluid specimens. Submission of a specimen for storage by use of this request form is not an order for testing of any kind by RedPath. If a test is to be ordered for the specimen in storage, a completed RedPath Test Requisition must be submitted to RedPath prior to 25 days from the time of specimen collection. RedPath will not perform any testing unless a request is made by an authorized physician by the submission of a RedPath Test Requisition.

6. By my signature below, I am requesting that RedPath store the submitted specimen(s) according to its Specimen Viability Service for no more than 25 days from the date of collection and acknowledge that RedPath will discard the specimen(s) appropriately at the end of the storage period.

Signature	Print Name	Date Signed
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RedPath Use Only	
Received by:	Date/Time Received:
Storage location: <input type="checkbox"/> Box M <input type="checkbox"/> Box T <input type="checkbox"/> Box W <input type="checkbox"/> Box H <input type="checkbox"/> Box F	Storage ID Label (affix here)
Date removed from storage:	

Disposition of Specimen(s):	<input type="checkbox"/> Discarded
At Customer's request:	<input type="checkbox"/> Returned <input type="checkbox"/> Sent to Reference Lab _____ <input type="checkbox"/> Other _____



**INSTRUCTIONS FOR COMPLETING
SPECIMEN VIABILITY SERVICE
PANCREATIC FLUID
REQUEST FORM**

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1. Patient Information

Patient's addressograph or specimen label may be applied to the requisition. All information must be complete and legibly printed. Patient name, SSN or MRN and/or date of birth must also appear on the specimen containers.

2. Physician Information

Please print name and provide phone, fax and email for communication by RedPath. RedPath will provide via fax a weekly inventory of the specimens that are being stored. Please provide the fax number for delivery of the Stored Specimen Inventory List.

3. Institution Information

Name of hospital or healthcare institution that is the site of collection of the specimen. Unless otherwise indicated, this is the institution to which specimens would be returned by RedPath, if directed to do so by the customer.

4. Specimen Information

Specimen Viability Service is available for storage of pancreatic fluid aspirates and the accompanying control specimen of a buccal brush or blood sample.

- Indicate the type of specimen by checking the appropriate box.
- When more than one vial of fluid is submitted, check the appropriate box to indicate whether each vial is a unique pancreatic fluid specimen, e.g., different cyst site in pancreas, or the same specimen.
- The date of specimen collection must be provided. Specimens will only be stored for 25 days from the date of collection, (not the date of shipment) to or receipt by RedPath.

5. Notice

Please read the notice with information about the Specimen Viability Service.

6. Signature

Please sign and date the form to acknowledge your understanding of the Specimen Viability Service and that RedPath will store the submitted specimens for no more than 25 days from the date of collection.

The purpose of this form is to obtain information necessary for RedPath to properly identify and store specimens.