UNC Department of Pathology and Laboratory Medicine

Lymphoma Workup Requisition

<table>
<tr><td>Date:</td><td>Patient Name:</td></tr>
<tr><td>Referring Institution:</td><td>Date of Birth:</td></tr>
<tr><td>Address:</td><td>Address:</td></tr>
<tr><td>Referring Physician:</td><td>Sex:</td></tr>
<tr><td>Phone:</td><td rowspan="2">Social Security #:</td></tr>
<tr><td>Fax:</td></tr>
<tr><td>Referring Pathologist:</td><td rowspan="5">Clinical History:</td></tr>
<tr><td>Phone:</td></tr>
<tr><td>Fax:</td></tr>
<tr><td>Specimen Type:</td></tr>
<tr><td>Collection Time:</td><td rowspan="2">Presumptive Dx:</td></tr>
<tr><td>Collection Date:</td></tr>
</table>

Special Remarks:

Questions: Please call Hematopathology @ 984- 974-8320