Provider request for Pathology Smear Review

Directions: All information below is required to process request. Complete and fax request to **207-361-6107**, then place call to York Hospital Hematology Department at **207-351-2421**. Due to specimen stability limitations, smear reviews can only be added on within 3 days of initial sample collection.

1. Patient name: _____

2. Patient DOB: _____

3. Patient Medical Record #: _____

4. Patient diagnosis: _____

5. Provider name: _____

6. Provider phone #: _____

7. Provider address: _____

Clinical reason for Pathology smear review:

Date of Request: _____

Provider signature: _____

Laboratory Staff: Please attach the most recent results of patient CBC

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