Bascom Palmer Eye Institute
UNIVERSITY OF MIAMI HEALTH SYSTEM

FLORIDA LIONS OCULAR PATHOLOGY LABORATORY
900 NW 17th Street, Room 350, Miami FL 33136
Laboratory: (305) 326-6356 Office: (305) 326-6357
Toll free: (800) 329-7000 x 6357
University of Miami, Miller School of Medicine
Bascom Palmer Eye Institute

FLORIDA LIONS EYE BANK
SINCE 1962
Restoring the Beauty of Sight

PATHOLOGY REQUEST FORM

THIS FORM MUST ACCOMPANY EACH SPECIMEN SUBMITTED.

Requesting Physician Name: ____

Telephone number: ______________________ Fax number: ______________________

Street______________________________ City______________ State________ Zip__________

Bascom Palmer: ☐Miami ☐Palm Beach Gardens ☐Naples ☐Plantation ☐Other__________________

Patient Name: ______________________________ Date of Birth: ______________ Sex M / F

Was patient ever seen at Bascom Palmer Eye Institute? ☐No ☐Yes MRN #______________________

Preoperative Diagnosis: ______________________ Postoperative Diagnosis: ______________________

Was fresh tissue submitted for additional studies? ☐No ☐Yes Please specify: ______________________

Is Tumor Suspected? ______________________ Condition of Other Eye: ______________________

History and Clinical Findings: (Include pertinent medical information and family history) ICD9 Code ____________

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Date of Procedure: ______________ Procedure: ______________________ Time: __________

Eye: R / L Sketch of Involved Area

	Specimen/Anatomic Site
1	
2	
3	
4	
5	

Requesting Physician's Signature: ______________________________________ UPIN #______________

DIRECTIONS FOR FIXING & MAILING SPECIMENS

1. Specimen container must be labeled with at least 2 patient identifiers.
2. Fix specimen immediately after removal in 10% formalin.
3. Enucleated eyes should be covered liberally with formalin (at least 100 cc's) and NOT sectioned.
4. Deliver specimens to address above.

ALL HIGHLIGHTED FIELDS MUST BE COMPLETED. LABORATORY TESTING WILL NOT BE PERFORMED IF INCOMPLETE FORMS ARE RECEIVED.

All original Anne Bates Leach Eye Hospital / Bascom Palmer Eye Institute medical records are the property of Anne Bates Leach Eye Hospital / Bascom Palmer Eye Institute and maintained by the Health Care Provider's Record Custodian. Copies of this form must be destroyed upon the completion of its temporary use. To receive a copy of your health information please contact your Health Care Provider's Record Custodian or the Anne Bates Leach Eye Hospital / Bascom Palmer Eye Institute HIM Release of Information department at (305) 326-6333.

ANNE BATES LEACH EYE HOSPITAL
BASCOM PALMER EYE INSTITUTE
Miami, FL 33136 www.bpei.med.miami.edu (305)326-6000

FLORIDA LIONS EYE BANK OCULAR PATHOLOGY LABORATORY

Form B1000008

Revised 12/09/14

NAME:______________________________

MRN:______________________________

AGE:______________DOB:_____/_____/_____

DATE OF SERVICE:______________________