

Gastroenterology Associates of Ithaca, PC
201 Dates Drive Ste 308
Ithaca, NY 14850
607-272-5011

PATIENT NAME: Kevin E Saunders
PATIENT ADDRESS: 1668 Trumansburg RD
Ithaca, NY 14850

home:(607)-277-5808 work:(607)- - cell:(607)- -

DOB:05/01/1956 SS# 431889847 Sex: male

(KMS)
3/23/11
AMB
3/24/11

This patient has been scheduled with BRENT D. LEMBERG, MD FACILITY Endoscopy Suite At
CMC

on Monday April 11, 2011 10:15am

for the following procedure: Colonoscopy

DX: SCREENING

Special notes:

Medicaid AN33246W

Cindy Powers
FAXED
MAR 23 2011
Cindy

62888250
SAUNDERS, KEVIN E
Lemberg MD, Brent D.
END DOB 05/01/56 54
0597460

SURGICAL PATHOLOGY

Name: SAUNDERS, KEVIN E
 Lemberg MD, Brent D.
 END
 DOB: 05/01/56 54

D.O.B.:
 Requested by Dr. Lemberg
 Date Collected: 4/2/09
 Acct #:
 S: 11-2348

Insurance #: Infectious Specimen: Yes No

Tissue Submitted: 1 Colon polyp @ 40cm
 Pre-Op Dc:
 Post-Op Dc:
 Clinical History:

*** For Lab Use ***
 # of Blocks Submitted

Margin	Ink
_____	Black
_____	Blue
_____	Green
_____	Red
_____	Yellow

*** FOR LABORATORY USE ONLY ***

- | | | |
|--|---|---|
| <input type="checkbox"/> GO Level I 88300 | <input type="checkbox"/> AFS AFB (Acid Fast) TB | <input type="checkbox"/> AS Actin |
| <input type="checkbox"/> GMS Level II 88302 | <input type="checkbox"/> AMS Amyloid | <input type="checkbox"/> AAT Alpha I A-trypt |
| <input type="checkbox"/> GM Level III 88304 | <input type="checkbox"/> CAES Chloracetate Ester | <input type="checkbox"/> AFPS Alpha fetoprot |
| <input checked="" type="checkbox"/> GMM Level IV 88305 | <input type="checkbox"/> ELS Elastin | <input type="checkbox"/> BCS B Cell |
| <input type="checkbox"/> GMCK Level V 88307 | <input type="checkbox"/> FATS Fat | <input type="checkbox"/> CEAS Carcinoembr Ag |
| <input type="checkbox"/> GMCP Level VI 88309 | <input type="checkbox"/> GIEM Giemsa | <input type="checkbox"/> CCS Chromograin A |
| <input type="checkbox"/> FSN Consult / no FS | <input type="checkbox"/> GMSS Fungus. monilia, silver, pneumocystis | <input type="checkbox"/> CLAS Com Leuk Ag (CD45) |
| <input type="checkbox"/> CFS Consult / FS | <input type="checkbox"/> IS Iron | <input type="checkbox"/> DS Desmin |
| <input type="checkbox"/> ADFS Add'l FS each | <input type="checkbox"/> MPG MPG | <input type="checkbox"/> HCGS HCG |
| <input type="checkbox"/> BMOB BM clot / biopsy | <input type="checkbox"/> PASS PAS | <input type="checkbox"/> KAPS Kappa |
| <input type="checkbox"/> COS Cons outside slide | <input type="checkbox"/> PTAH PTAH | <input type="checkbox"/> LAM Lambda |
| <input type="checkbox"/> RCI Consult, recut | <input type="checkbox"/> RETS Reticulum | <input type="checkbox"/> LM1LeuM1 (Hodgkins) (CD15) |
| <input type="checkbox"/> CDMP Comprehens consult | <input type="checkbox"/> TRIS Trichome | <input type="checkbox"/> LZS Lysozyme |
| <input type="checkbox"/> DEC Decal | <input type="checkbox"/> WSST Warthin - Stary
(Cat scratch, campylobacter, helicobacter, legionnaires) | <input type="checkbox"/> MB45 MB-45 (HMB-45) |
| <input type="checkbox"/> SERS Serial / step | Other: _____ | <input type="checkbox"/> MYS Myosin |
| <input type="checkbox"/> SSFS Spec Stain / FS | <input type="checkbox"/> TOL Toluidine | <input type="checkbox"/> NSE Neron Spec Eno |
| <input type="checkbox"/> RCTC Recut for consult | <input type="checkbox"/> CD30 CD30 | <input type="checkbox"/> PAPS Plac Alk Phos |
| <input type="checkbox"/> BMN Bone marrow JSN | <input type="checkbox"/> HMMVKS High Molecular Weight Keratin | <input type="checkbox"/> PSA Prost Spec Eno |
| <input type="checkbox"/> EP ERA / PRA tissue | | <input type="checkbox"/> S100 S-100 |
| <input type="checkbox"/> LFE liver tissue - iron | | <input type="checkbox"/> TCS T Cell |
| <input type="checkbox"/> PHOT Photograph | | <input type="checkbox"/> TGS Thyroglobin |

FROZEN SECTION DIAGNOSIS:

 Dictated by: _____

