



Laboratory Number: \_\_\_\_\_

**Complete the front page!**

Patient Name: \_\_\_\_\_

Date of procedure: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SPECIMEN INFORMATION (Must Be Completed):**

Clinical Diagnosis \_\_\_\_\_

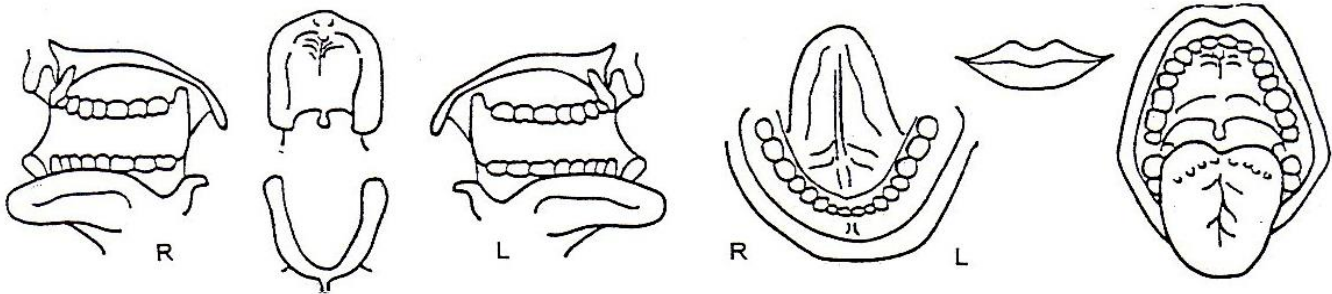
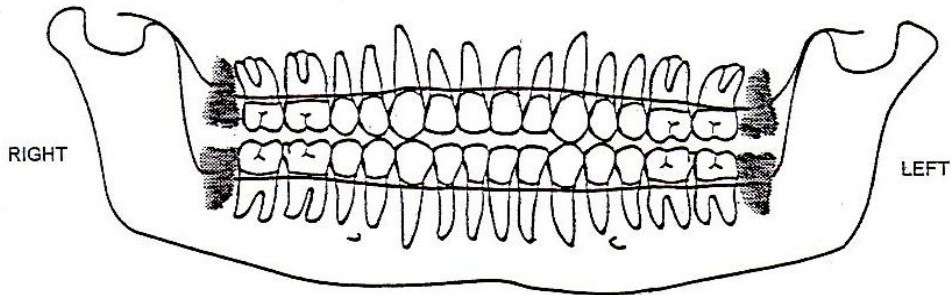
Biopsy Location \_\_\_\_\_

History \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Radiographs / Photos submitted?  No  Yes

Previous specimens sent to UCLA Oral Pathology on this patient?  No  Yes Previous Lab #: \_\_\_\_\_



**Lab Use Only** Number of specimen/formalin bottles received: 1 2 3 4 5 \_\_\_\_\_

GR1 GR2 GR3 GR4 GR5 GR6 GR7 GR8 GHS Other \_\_\_\_\_  
GRA GRB GRC GRD GRE GRF GRG GRH GSC Other \_\_\_\_\_