**Pathology Laboratory Questionnaire**

Please complete and mail this form to the Los Angeles Cancer Surveillance Program using the return envelope provided before **June 5th, 2018**.

1. Does your laboratory make cancer diagnoses (other than squamous and basal cell skin cancers)?

\_\_\_\_Yes \_\_\_\_No (If no, please skip questions 2-6)

1. What is the annual volume of your lab?

\_\_\_\_Tissue specimen

\_\_\_\_Cytology

\_\_\_\_Bone marrow specimens

1. What is the approximate annual number of pathology reports positive for cancer diagnoses?
2. In what medium are the pathology reports filed?

\_\_\_\_Electronic (Name of system used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_Paper copies

\_\_\_\_Other (Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. How are patient identifiers stored?

\_\_\_\_Electronic Medical Record (Name of system used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_Paper documentation

\_\_\_\_Other (Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. What scheduling system do you use (if any)?
2. What billing system do you use?
3. At your laboratory, what years of pathology reports are available? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Path Lab Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Form completed by:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pathology Lab Director/Manager:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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