

SURGICAL PATHOLOGY REQUISITION



Laboratory Use Only

Requesting Clinician/Practitioner

Name				Clinician/Practitioner Phone Number	Patient Chart Number
Address	Health Card Number (HCN)		Version	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth YYYY / MO / DA
Clinician/Practitioner Billing Number	Province	Other Province's Registration Number			Patient Telephone Number
Copy to Clinician(s)/Practitioner(s) (fill in all fields)					
Name	Patient Last Name (as per Health Card)				
Billing #	Patient First & Middle Name (as per Health Card)				
Address	Patient Address (including postal code)				
Name	Date of Clinical Procedure YYYY / MO / DA				
Billing #					
Address					

Specimen	Anatomic Site & Procedure	Clinical Data (diagnosis or differential diagnosis)	REQUIRED FOR BREAST SPECIMENS
A			Time of specimen removal from the body: _____ AM _____ PM Time the breast specimen was placed into formalin: _____ AM _____ PM
B			Time of specimen removal from the body: _____ AM _____ PM Time the breast specimen was placed into formalin: _____ AM _____ PM
C			Time of specimen removal from the body: _____ AM _____ PM Time the breast specimen was placed into formalin: _____ AM _____ PM
D			Time of specimen removal from the body: _____ AM _____ PM Time the breast specimen was placed into formalin: _____ AM _____ PM
E			Time of specimen removal from the body: _____ AM _____ PM Time the breast specimen was placed into formalin: _____ AM _____ PM
F			Time of specimen removal from the body: _____ AM _____ PM Time the breast specimen was placed into formalin: _____ AM _____ PM
G			Time of specimen removal from the body: _____ AM _____ PM Time the breast specimen was placed into formalin: _____ AM _____ PM
H			Time of specimen removal from the body: _____ AM _____ PM Time the breast specimen was placed into formalin: _____ AM _____ PM

Total number of containers submitted with this requisition (*maximum 8*) _____ Physician/Practitioner Signature _____

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