

Requisition Requirements – Anatomical Pathology Patient, Provider, Collection Fragment

Scanning Label or Accession # *(lab only)*

Patient	PHN 12345-6789	Expiry: _____	Date of Birth <i>(dd-Mon-yyyy)</i> 01 APR 2004		
	Legal Last Name Sample		Legal First Name William		
Provider(s)	Middle Name George		Phone xxx-xxx-xxxx		
	Alternate Identifier	Preferred Name	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose		
	Address 111 My Avenue		City/Town Edmonton	Prov AB	Postal Code T2T 2T2
	Authorizing Provider Name <i>(last, first, middle)</i> Example, Doctor S		Copy to Name <i>(last, first, middle)</i> Example, Copy Provider		Copy to Name <i>(last, first, middle)</i>
	Address 1234 211 St. Edm. AB T3T 3T3		Phone xxx-xxx-xxxx	Address 4567 89 Ave EDM, AB T5T 5T5	
	CC Provider ID numeric digits	CC Submitter ID numeric digits	Phone xxx-xxx-xxxx		Phone
Clinic Name Family Medicine Clinic		Clinic Name Associated Medical Clinic		Clinic Name	
Collection	Date <i>(dd-Mon-yyyy)</i>	Tissue Removed by <i>(Last, First Name)</i>			Date/Time Received <i>Lab use only</i>
	Location/ Code/ Address (for report)			Collector ID	Phone Fax
If other than routine: <input type="checkbox"/> Priority <i>(clinical reason required – indicate below under “Clinical Information/History”)</i> For STAT/Critical cases, contact Pathologist directly					

Required Provider Information Fields

Authorizing Provider: The provider ordering the test and acting on the test result.

Connect Care (CC) Provider ID: Unique ID assigned to the provider. This ID does not change when providers practice at more than one location.

Connect Care (CC) Submitter ID: Unique ID for the location or clinic and is used to route reports.

Copy To Provider(s)

Complete Name, Address and Clinic Name will assist in selecting the correct provider.

Patient Information Fields

PHN Expiry Date: Required for patients with out-of-province healthcare insurance (if applicable).

Alternate Identifier: Unique ID (ULI, MRN, government issued ID, etc.).

Preferred Name: Use if the preferred name differs from legal name.

Gender: “Non-binary” and “Prefer not to disclose” provide choices of response other than “male” or “female”.

Information required for appropriate handling, processing and reporting:

Clinical Information / History			
Current Problem(s) / Differential Diagnosis and Relevant Medical / Family History			
Other Relevant Information (i.e. History of Medications)		Chemotherapy, Infectious Patient, Immunocompromised,	
<div>Relevant Clinical Information/History is required – why was the tissue collected?</div>			
Sample(s) / Tissue(s)			
ID	Exact Anatomical Site (including laterality), Organ of Origin, and Collection Procedure <i>List all samples. Ensure sample labels match requisition. List special handling, studies, and test requests with the sample.</i>	Devitalization (tissue removed) Time and Time in Fixative is required	Removed Time (hh:mm) In Fixative Time (hh:mm)
<div>Exact Anatomical Site(s) of Specimen(s) submitted is required (submit one requisition for multiple specimen(s))</div>			

Note: Patient's full first and last name, PHN (or second unique identifier) and body site (Specimens Submitted/Exact Sites) must match exactly on requisition and specimen

- Benefits of providing COMPLETE AND LEGIBLE information:**
- ✓ Promotes patient safety through reduced transcription errors
 - ✓ Ensures samples are processed for the correct patient and results are sent to the correct provider
 - ✓ Reduces turnaround time when processing patient samples