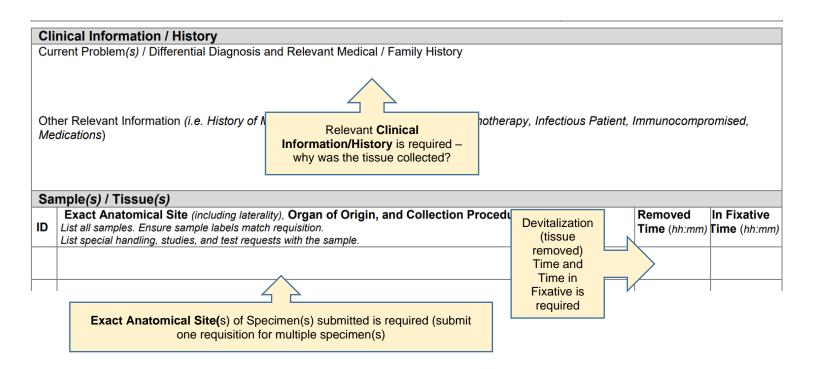


## **Requisition Requirements – Anatomical Pathology**

## Patient, Provider, Collection Fragment

atient	PHN <b>Expiry:</b>				Date of Birth (dd-Mon-yyyy) 01 APR 2004											
Pati	Legal Last Name Sample				Legal First Name William						Middle Name George					
	Alternate Identifier Preferred Nam									;	P		Phon	Phone		
						lon-bin	on-binary 🛛 Prefer not						X-XXX-XXXX			
	Address				City/Town		$\uparrow$			Prov			Postal Code			
L's	111 My Avenue Authorizing Provider Name (last, first, middle)				Edmontor	Con	v to	Jama (las		AB irst, middle) Co		opy to Name (last, first, midd		et maistelle)		
Provider(s)	Example, Doctor S				,	Exar	ple	Copy Provi		r				st, miaaie)		
8	Address				Phone		Address					ress				
Ē	1234 211 St, Edm, AB T3T 3T3			CC Subr	XXX-XXX-X		4567 89 Ave EDM, AB									
				numeric			_	****		Phone						
	Clinic Name			numerie				Clinic Name					Clinic Name			
	Family Medicine Clinic								ed Medi	cal Cl	Clinic					
					Tissue Rei	moved b	y (Las	t, Fi	st Name)				Date/Time Received			
											Lab use c					
Location/ Code/ Address (for repc								Coll	ector ID	ctor ID Phone				Fax		
If other than routine: 🗆 Priority ( <i>clinical reason required – indicate below under "Clinical Information/History"</i> )																
For STAT/Critical cases, contact Patholog			athologist	it directly												
									Copy To Provider(s)							
<b><u>Required</u></b> Provider Information Fields					lds					Complete Name, Address and Clinic Name will assist in selecting the correct provider.						
	Authorizing P	ring the									•					
	Authorizing Provider: The provider ordering test and acting on the test result.					Patie					nt Information Fields					
	<b>Connect Care (CC) Provider ID:</b> Unique ID assigned to the <u>provider</u> . This ID does not change when providers practice at more than one location.						<b>PHN Expiry Date:</b> Required for patients with out-of- province healthcare insurance (if applicable).									
<b>Connect Care (CC) Submitter ID:</b> Unique ID for the <u>location or clinic</u> and is used to route reports.							<ul><li>Alternate Identifier: Unique ID (ULI, MRN, government issued ID, etc.).</li><li>Preferred Name: Use if the preferred name differs from legal name.</li></ul>									
							<b>Gender: "Non-binary"</b> and <b>"Prefer not to disclose"</b> provide choices of response other than "male" or "female".									

## Information required for appropriate handling, processing and reporting:



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