

Requisition Requirements - Non-Gynecological Cytopathology

Leaders in Laboratory Medicine

| | Physician to Act on Results (ordering physician) is required. Label all requisitions with the physician full last name, first name and address and/or location code of where the report should be sent. Leaders in Laboratory Melecular To Act on Results: | NON-GYNECOLOGICAL CYTOPATHOLOGY REQUISITION PROVINCE PERSONAL HEALTH NUMBER (PHN) REGIONAL HEALTH |
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| Procedure performed by is required. If it is the same as "Physician to Act on Results", "X" this | Physician Last Name / Full First Name: 5 Digit Client #: Alpha Suffix Provider #: | PATIENT LAST NAME Patient Information Complete all fields to ensure accurate patient identification and registration CHART NUMBER GENDER DATE OF BIRTH PATIENT P |
| box; if not, provide the physician full last name, first name and address or CLS location code where the report should be sent. | | CURRENT SPECIMEN TAKEN: Date: Y Y Y Y M M M D D Office Other: FMC/WHC TBCC/Holy Cross ACH FMC PLC RGH SHC Inpatient Outpatient |
| Collection method is required | SPECIMEN COLLECTION METHOD BAL Brush Fluid FNA only PROCESSING | FNA with tissue biopsy Scrape Wash |
| Specimen site is required | If other than Routine: | **Critical cases, contact Pathologist directly ** complete a separate requisition for each specimen) g Calgary Laboratory Services (CLS) with COMPLETE AND LEGIBLE information: ent safety through reduced transcription errors les are processed for the correct patient and results are sent to the correct provider round time when processing patient samples |
| Clinical Information is required | Liver: Sof Lung: Spi Lymph node: Thy Neck: Uri Pancreas: Oth CLINICAL INFORMATION (Please print clearly) | Note: Patient full legal name, PHN (or second unique identifier) and body site (Specimens Submitted/Exact Sites) must match exactly on requisition and specimen Date of birth does not qualify as a second unique identifier |