

# Requisition Requirements – Anatomical Pathology

**Requesting Clinician to Act on Results (ordering physician)** is required for laboratory standards. Stamp/complete all requisitions with the physician's full last name, first name and address or location code where the report should be sent

The two letter province code and **Personal Health Number**

Complete Alternate Patient Identifier if available (ULI, MRN, MHRN etc.)

**Patient's:**

- Full last name, first name
- Complete Address
- Gender
- Date of Birth
- Phone Number

Location where the procedure was performed (**Name of Clinic/Unit**)

**Tissue Removed By** is required. If the same as "Requesting Clinician to Act on Results", "X" this box, **if not** provide the physician's full last and first name and address or location code where the report should be sent.

<input type="checkbox"/> Section		<b>Anatomical Pathology</b>		<input type="checkbox"/> Consultation		<input type="checkbox"/> Report	
Requestor(s)				Patient			
Requesting Clinician to Act on Results ( <i>last, first</i> ) <b>Example, Doctor</b>				PHN <b>AB12345-6789</b>	Alternate Identifier <b>XXXXXXXXXX</b>	Date of Birth ( <i>yyyy-Mon-dd</i> ) <b>1988-APR-22</b>	
Location / Code / Address for Report ( <i>option to use stamp / label</i> ) <b>10 Report Dr. SW</b>				Last Name <b>Example</b>	First Name <b>Patient</b>	Middle Initial <b>A</b>	Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F
				Address <b>22 Happy Way SE</b>			City/Town <b>Red Deer</b>
Province <b>AB</b>		Postal Code <b>T1T 1T1</b>	Phone <b>XXX-XXX-XXXX</b>	Location <b>Red Deer Medical</b>			
If other than routine: <input type="checkbox"/> Priority ( <i>clinical reason required - indicate below</i> ) ***For critical cases contact Pathologist directly***						Date Collected ( <i>yyyy-Mon-dd</i> ) <b>2017-JUN-23</b>	
Tissue Removed by ( <i>last, first</i> ), Location / Code / Address for Report, Phone / Fax <input type="checkbox"/> Same as above				<b>Example, Doctor 2</b>		<b>20 Report Dr. NW</b>	
Copy to ( <i>last, first</i> ), Location / Code / Address for Report, Phone / Fax <b>Example, Doctor 3</b>				<b>30 Report Dr. NE</b>			
Copy to ( <i>last, first</i> ), Location / Code / Address for Report, Phone / Fax				Date/Time Collected ( <i>yyyy-Mon-dd, hh:mm</i> )			
Clinical Information / History							
Current Problem(s) / Differential Diagnosis							
Other Relevant Information ( <i>i.e. History of Malignancy, Previous Radio- and/or Chemotherapy</i> )							

If "Copy To" reports are required, provide physician's full last name, first name and address or location code where the report should be sent

**Clinical Information/History** is required

Date the specimen was collected is required

- 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

Exact **Anatomical Sites of Specimens** submitted is required (submit one requisition for multiple specimens)

Record the Devitalization (tissue removed) Time and Time in Fixative

**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**