



### Anatomical Pathology Requisition (Consultation Request)

Requestor(s)	Patient			
Requesting Clinician to Act on Results <i>(last, first)</i>  Location / Code / Address for Report <i>(option to use stamp / label)</i>	PHN	Alternate Identifier	Date of Birth <i>(yyyy-Mon-dd)</i>	
	Last Name	First Name	Middle Initial	Gender
	Address			City/Town
	Province	Postal Code	Phone	Location
If other than routine: <input type="checkbox"/> Priority <i>(clinical reason required - indicate below)</i> <b>***For critical cases contact Pathologist directly***</b>			Date Collected <i>(yyyy-Mon-dd)</i>	
Tissue Removed by <i>(last, first)</i> , Location / Code / Address for Report, Phone / Fax <input type="checkbox"/> Same as above			Accession # <i>(lab use only)</i>  Date/Time Received <i>(yyyy-Mon-dd, hh:mm)</i>	
Copy to <i>(last, first)</i> , Location / Code / Address for Report, Phone / Fax				
Copy to <i>(last, first)</i> , Location / Code / Address for Report, Phone / Fax				

Clinical Information / History
Current Problem(s) / Differential Diagnosis and Relevant Medical / Family History
Other Relevant Information <i>(i.e. History of Malignancy, Previous Radio- and/or Chemotherapy, Infectious Patient, Immunocompromised, Medications)</i>

Sample(s) / Tissue(s)			
ID	Exact Anatomical Site <i>(including laterality)</i> , 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>	Removed Time <i>(hh:mm)</i>	In Fixative Time <i>(hh:mm)</i>



# Anatomical Pathology Requisition (Consultation Request)

**\*\*This Page is for LAB Use Only \*\*** Lab Accession #

Received  In Formalin  Fresh  Other (*specify*)

Sample ID	Fixative ( <i>specify</i> )	Date in Fixative ( <i>yyyy-Mon-dd</i> )	Time in Fixative ( <i>hh:mm</i> )	Date of fixation cut(s) ( <i>yyyy-Mon-dd</i> )	Time of fixation cut(s) ( <i>hh:mm</i> )

**Special Assessment(s)**

Cytogenetics                       Electron Microscopy                       Flow Cytometry                       Lymphoma Protocol  
 Molecular Pathology                       Photo(s) or diagram(s)                       Tumour Bank  
 Other (*specify*)

**Intraoperative Consultation (*track multi-part cases below*)**

<input type="checkbox"/> Gross Only <input type="checkbox"/> FS ( <i>Frozen Section</i> ) <input type="checkbox"/> TP ( <i>Touch Preparation</i> ) <input type="checkbox"/> Other ( <i>specify</i> )	Name of Pathologist/Designee  Signature
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Date ( <i>yyyy-Mon-dd</i> )	Received Time ( <i>hh:mm</i> )	Report Time ( <i>hh:mm</i> )	# of Blocks	# of Slides	TAT( <i>Mins</i> )
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List Sample(s) for Assessment, Notes & Diagnosis

- *Specify sample number(s)*
- *List exact site & organ*
- *Specify number of blocks / slides per part / tissue sample*