



Scanning Label or Accession # *(lab only)*

Anatomical Pathology Requisition

(Consultation Request)

Patient	PHN		Expiry: _____		Date of Birth <i>(dd-Mon-yyyy)</i>			
	Legal Last Name			Legal First Name			Middle Name	
	Alternate Identifier		Preferred Name		<input type="checkbox"/> Male <input type="checkbox"/> Non-binary		<input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	
							Phone	
Provider(s)	Address			City/Town			Prov	
							Postal Code	
	Authorizing Provider Name <i>(last, first, middle)</i>				Copy to Name <i>(last, first, middle)</i>		Copy to Name <i>(last, first, middle)</i>	
	Address			Phone		Address		Address
Collection	CC Provider ID		CC Submitter ID		Phone		Phone	
	Clinic Name				Clinic Name		Clinic Name	
	Date <i>(dd-Mon-yyyy)</i>		Tissue Removed by <i>(Last, First Name)</i>				Date/Time Received	
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.								
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>

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(Consultation Request)

**This Page is for LAB Use Only **				Lab Accession #	
Received <input type="checkbox"/> In Formalin <input type="checkbox"/> Fresh <input type="checkbox"/> Other (specify)					
Sample ID	Fixative (specify)	Date in Fixative (yyyy-Mon-dd)	Time in Fixative (hh:mm)	Date of fixation cut(s) (yyyy-Mon-dd)	Time of fixation cut(s) (hh:mm)
Special Assessment(s)					
<input type="checkbox"/> Cytogenetics		<input type="checkbox"/> Electron Microscopy		<input type="checkbox"/> Flow Cytometry	<input type="checkbox"/> Lymphoma Protocol
<input type="checkbox"/> Molecular Pathology		<input type="checkbox"/> Photo(s) or diagram(s)		<input type="checkbox"/> Tumour Bank	
<input type="checkbox"/> Other (specify)					
Intraoperative Consultation (track multi-part cases below)					
<input type="checkbox"/> Gross Only <input type="checkbox"/> FS (Frozen Section)			Name of Pathologist/Designee		
<input type="checkbox"/> TP (Touch Preparation)			Signature		
<input type="checkbox"/> Other (specify)					
Date (yyyy-Mon-dd)	Received Time (hh:mm)	Report Time (hh:mm)	# of Blocks	# of Slides	TAT (Mins)
List Sample(s) for Assessment, Notes & Diagnosis					
<div><ul style="list-style-type: none">Specify sample number(s)List exact site & organSpecify number of blocks / slides per part / tissue sample</div>					