

Anatomical Pathology Lab
(Lab sites listed on page 2)

PATHOLOGY CONSULTATION REQUISITION

Apply Pathology Lab Label

Highlighted fields must be completed.

Ordering Provider		MSP
Address		Phone
Locum for Provider	Name	MSP
Copy of Results To	Name/Clinic	MSP
	Name/Clinic	MSP

Date Collected	YYYY	MM	DD	Number of Containers Submitted
Collected By (if other than Ordering Provider)				PHN or MRN
Precautions (e.g. radioactive seeds, blood borne disease, sharps, hazardous drugs)		MSP	Self Pay	Other
Intraoperative Consultation	Lymphoma Protocol	Cytology		

Last name	First name
PHN or MRN	DOB YYYY MM DD
Address	Postal Code
City	Phone
Sex (M/F/U/X)	

Relevant History and Clinical Diagnosis
Lack of clinical history will result in sub-optimal interpretation or delayed report.

Sex at Birth:
If different than current sex

	Specimen Type / Site	Collection Time	Time in Fixative	Initials	Specimen Orientation / Description
1/A					
2/B					
3/C					
4/D					
5/E					
6/F					
7/G					
8/H					
9/I					Signature of Ordering Provider
10/J					

Laboratory Use Only

Number of Containers Received	Date	Initials

INSTRUCTIONS

This requisition forms a physician consultation request with a pathologist and is a permanent record. It is essential that **all information be complete and legible**.

If an addressograph label is available, the upper right hand section of the form is available. Be sure all required information is included on the label.

Adequate CLINICAL INFORMATION and SPECIMEN SITE are essential for proper pathologic evaluation. The report may be significantly delayed if the request form is incomplete or specimen container is improperly labelled.

PATHOLOGY CONSULTATION REQUISITION TO HAVE ALL AREAS COMPLETED:

Patient legal name, Personal Health Number (PHN) or hospital Medical Record Number (MRN), date of birth, sex, address and phone number and clinical history.

Ordering practitioner's name, MSP number, address and phone number, signature and date of collection.

List any **PRECAUTIONS** for lab, such as CJD, Hepatitis, radioactive seeds, sharps or hazardous drugs.

SPECIMEN LABELLING CRITERIA

Patient name, numerical identification (PHN or MRN), date of birth, specimen site, sample number or letter (for multiple samples from same or similar source), name of fixative or transport media.

PROCEDURE

1. Place the tissue in a labelled specimen container of appropriate size and add 10% Neutral Buffered Formalin to at least 10 times the volume of the specimen. Ensure the lid is tightly sealed. If in doubt, phone the pathology department for instructions (e.g. if immunofluorescence testing is needed the specimen **MUST NOT** be fixed in formalin).
2. Place the specimen container in an appropriate leak-proof secondary container for transport.
3. For small specimen containers, place the labeled container in a biohazard bag along with a formalin-absorbent (FAN) pad. **DO NOT** wrap the container in the FAN pad. Place the completed requisition in the outside pocket of the biohazard bag.
4. The **DATE AND TIME OF PROCUREMENT AND FIXATION** (may be identical for small specimens) is **REQUIRED**.
5. Ship specimens to the appropriate facility. Ensure the specimen does not freeze.

For further information, please call the site that customarily receives your tissue specimens (see list below).

A supply of these forms is available on the Provincial Laboratory Medicine Services (PLMS) website.

Anatomical Pathology Labs

Fraser Health

Abbotsford Regional Hospital	604-851-4857
Burnaby Hospital	604-412-6258
Royal Columbian Hospital	604-520-4352
Surrey Memorial Hospital	604-588-3384

Interior Health

East Kootenay Regional Hospital	250-489-6441
Kelowna General Hospital	250-862-4407
Kootenay Boundary Regional Hospital	250-364-5189
Penticton Regional Hospital	250-492-9014
Royal Inland Hospital	250-314-2669
Vernon Jubilee Hospital	250-558-1342

Island Health

Nanaimo Regional General Hospital	250-370-8355
North Island Hospital Campbell River	250-370-8355
North Island Hospital Comox Valley	250-370-8355
Royal Jubilee Hospital	250-370-8355

Northern Health

Fort St John Hospital	250-261-7461
Mills Memorial Hospital	250-631-4109
University Hospital of Northern BC	250-565-2421

Providence Health Care

St. Paul's Hospital	604-806-8417
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Provincial Health Services Authority

BC Children and Women's Hospital	604-875-3422
BC Cancer Centre – Vancouver	Outpatient specimens not received at BC Cancer without prior approval

Vancouver Coastal Health

Lions Gate Hospital	604-984-5802
Richmond Hospital	604-278-9711
Vancouver General Hospital	604-875-4111