

<b>Anatomical Pathology Lab</b> (Lab sites listed on page 2)				Apply Pathology Lab Label  <h2 style="margin: 0;">PATHOLOGY CONSULTATION REQUISITION</h2> <p style="background-color: yellow; margin: 10px 0;">Highlighted fields must be completed.</p>								
<b>Ordering Provider</b>			<b>MSP</b>									
<b>Address</b>			<b>Phone</b>									
Locum for Provider	Name		MSP									
Copy of Results To	Name/Clinic		MSP									
	Name/Clinic		MSP									
<b>Date Collected</b>		YYYY      MM      DD		Number of Containers Submitted		<b>Last name</b>		<b>First name</b>				
Collected By (if other than Ordering Provider)						<b>PHN or MRN</b>		<b>DOB</b>		YYYY      MM      DD		
Precautions (e.g. radioactive seeds, blood borne disease, sharps, hazardous drugs)						<input type="checkbox"/> MSP <input type="checkbox"/> Self Pay <input type="checkbox"/> Other: _____		<b>Address</b>			<b>Postal Code</b>	
Intraoperative Consultation      Lymphoma Protocol						<b>City</b>		<b>Phone</b>		<b>Sex (M/F/U/X)</b>		
<b>Relevant History and Clinical Diagnosis</b> <i>Lack of clinical history will result in sub-optimal interpretation or delayed report.</i>								History of Previous Malignancy <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Site of Previous Malignancy		Sex at Birth <i>If different than current sex</i>	
	<b>Specimen Type / Site</b>					<b>Collection Time</b>	<b>Time in Fixative</b>	<b>Initials</b>		<b>Specimen Orientation / Description</b>		
1/A												
2/B												
3/C												
4/D												
5/E												
6/F												
7/G												
8/H										<b>Signature of Ordering Provider</b>		
9/I										<b>Date Signed</b>		
10/J												
<b>Laboratory Use Only</b>												
Number of Containers Received						Date				Initials		
Lab Use Only:												

## INSTRUCTIONS

This requisition is a request for pathologist consultation 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 Regional Hospital	250-261-7461
Ksyen Regional Hospital	250-631-4109
University Hospital of Northern BC	250-565-2421

#### **Providence Health Care**

St. Paul's Hospital	604-806-7417
Mount Saint Joseph Hospital	604-874-1141 local 78266

#### **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