



Provincial Health Services Authority

Histopathology Lab: **Phone** 604-877-6000 # 2086 **Fax** 604-877-6038

Lab Use Only

HISTOPATHOLOGY REQUISITION

All * fields must be completed LEGIBLY (patient demographics may be addressographed).

| | | |
|---|---------------------------------------|--|
| Patient Name* (Last, First): | | |
| PHN*: | Date of Birth* (dd/mmm/yy): | Sex: M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> |
| Requesting Physician*: | | MSC*: |
| Phone Number: | Address*: | |
| Copy To Name: | | MSC: |
| Phone Number: | Address: | |
| Copy To Name: | | MSC: |
| Phone Number: | Address: | |
| Clinical/Radiological Summary*: | | |
| Lack of clinical history may result in sub optimal interpretation | | |

Date Taken* (dd/mmm/yy): _____ / _____ / _____

Lymphoma **Urgent**

| Specimen Sites* | Time Taken* | Time into Fixative |
|-----------------|-------------|--------------------|
| A | : | : |
| B | : | : |
| C | : | : |
| D | : | : |
| E | : | : |
| F | : | : |

Sent By*: _____ **Dept/Site** _____ **Number of Containers*:** _____

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| | | | |
|------------------------------|--|----------------------|---|
| Received # Of Containers () | | Time Out Of Formalin | : |
| Assigned | | Date Out of Formalin | |

Guidelines for the Collection of Anatomical Pathology Samples

A. SAMPLE REQUIREMENTS FOR ANATOMICAL PATHOLOGY:

- a) Solid Tissue Only – include biopsy, curettings, tissue fragments, mass or excision.

Note: Samples not accepted

- Suspected or known cases of prion disease (i.e. CJD)
- Radioactive material unless with pre-established arrangement and compliance to international standards.

- b) Place samples into fixative as soon as possible unless for specialized histology and ancillary studies (i.e. Lymphoma protocol) that require sending fresh tissue for examination

| For | Then place into clearly labelled specimen container and |
|---------------|---|
| Fresh Tissue | <ul style="list-style-type: none">• Place on saline moistened non-stick telfa pad• Transport as soon as possible on ice packs (cool not frozen). |
| Bone Marrow | <ul style="list-style-type: none">• Place into B+ fixative as soon as possible |
| Other Tissues | <ul style="list-style-type: none">• Place into 10% neutral buffered formalin as soon as possible |

- c) Label sample container with patient's name/demographics (2 identifiers minimum) and specimen site

- For more than 1 sample container per patient, label each container with sequential letter (e.g. A, B, C) along with the specimen site

B. REQUISITION REQUIREMENTS:

- a) Send sample along with "Histopathology Requisition" which is available on the BCCA website:

<http://www.bccancer.bc.ca/health-professionals/clinical-resources/laboratory-services>

Note: Multiple samples on the same patient taken on the same date should be submitted on a single requisition.

- b) Complete the requisition in **legible** writing with all the following required information:

- Patient name, PHN, DOB
- Requesting physician, MSC and address
- Clinical/Radiological summary of the patient sample
- Date sample(s) taken
- List each sample on requisition with
 - Specimen site and type of procedure
 - Time taken
 - Time into fixative
- Complete the requisition with:
 - Initial "Sent by"
 - Fill in "Number of containers"

Note: Inadequate completion of requisition or labelling of specimen may cause processing delays.

C. SPECIMEN TRANSPORT:

- a) Regular laboratory hours at BCCA 08:00-16:30, Monday to Friday and closed on statutory holidays. Samples arriving late in the day may possibly be held until the following work day for processing

- b) Label shipping container clearly and send to:
- Anatomical Pathology Lab
British Columbia Cancer Agency,
600 West 10th Avenue,
Vancouver, BC V5Z 4E6