



596 Davis Drive  
Newmarket, ON L3Y 2P9

Pathology

Health Record #: \_\_\_\_\_ Complete or place barcoded patient label here  
 Patient Name: *(Print first, last)* \_\_\_\_\_  
 DOB: dd / mm / yy Age: \_\_\_\_\_  Female  Male  
 OHIP #: \_\_\_\_\_ Version Code: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Date of Admission: dd / mm / yy

## Pathology Requisition

<b>Date of Procedure:</b> <u>dd</u> / <u>mm</u> / <u>yy</u>	<b>Time of Procedure:</b> <u>hh</u> : <u>mm</u>	<b>Laboratory Number:</b>
<b>Phone Number for Frozen Section:</b>		
<b>Most Responsible Physician to Act on Results:</b> <i>(print full name)</i>		
<b>Tissue Removed By:</b> <i>(print full name)</i>		<input type="checkbox"/> same person as above
<b>Additional Copy of Report to:</b> <i>(print full name)</i>		
<input type="checkbox"/> Frozen Section <input type="checkbox"/> Lymphoma Study <input type="checkbox"/> Interstitial Lung Disease		
<b>CLINICAL HISTORY/PRE-OP DIAGNOSIS</b> <i>(clinical history is crucial for optimal interpretation)</i> _____		
_____		
_____		
_____		
<b>SPECIMEN(S)</b>	<b>Time removed from Patient</b>	<b>Time placed in Fixative</b>
A) _____	<u>hh</u> : <u>mm</u>	<u>hh</u> : <u>mm</u>
B) _____	<u>hh</u> : <u>mm</u>	<u>hh</u> : <u>mm</u>
C) _____	<u>hh</u> : <u>mm</u>	<u>hh</u> : <u>mm</u>
D) _____	<u>hh</u> : <u>mm</u>	<u>hh</u> : <u>mm</u>
E) _____	<u>hh</u> : <u>mm</u>	<u>hh</u> : <u>mm</u>
F) _____	<u>hh</u> : <u>mm</u>	<u>hh</u> : <u>mm</u>
G) _____	<u>hh</u> : <u>mm</u>	<u>hh</u> : <u>mm</u>
H) _____	<u>hh</u> : <u>mm</u>	<u>hh</u> : <u>mm</u>
I) _____	<u>hh</u> : <u>mm</u>	<u>hh</u> : <u>mm</u>
J) _____	<u>hh</u> : <u>mm</u>	<u>hh</u> : <u>mm</u>
<b>Completed by:</b> <i>(print first, last)</i>		<b>Location:</b> <i>(unit/room/ext.)</i>
<b>Physician Signature:</b>		<b>Date:</b> <u>dd</u> / <u>mm</u> / <u>yy</u>