



Histopathology Requisition

Requisitioning Clinics / Practitioner

Name

Address

Laboratory Use Only

Histology Reference Number

Clinician / Practitioner's Contact Number for Urgent Results

()

Ext.

Service Date

Y Y Y Y M M D D

Clinician/Practitioner Number

CPSO/Registration Number

Health Card Number

Version

Sex

M F

Date of Birth

Y Y Y Y M M D D

Check (✓) one:

OHIP/ Insured Third Party/UnInsured WSIB

Province

Other Provincial Registration Number

Health Card Expiry

Y Y Y Y M M D D

Copy to: Clinician / Practitioner CPSO #

Name

Address

Patient's Last Name (as per Health Card)

Patient's First Name (as per Health Card)

Patient's Middle Name (as per Health Card)

Patient's Address (including Postal Code)

Name

Address

Postal Code

Patient's Telephone Contact Number

()

Ext.

Patient's Chart Number

Specimen Collection Date

Y Y Y Y M M D D

Specimen Collection Time

: hr. AM PM

Specimen Placed in 10% (NBF)

Same as Collection Time

Time Specimen Placed in 10% NBF (if different from Collection Time)

: hr. AM PM

Type of Biopsy

Excision

Shave

Punch

Curette

Other

Biopsy Number

1

2

3

4

Anatomic Site of Biopsy

Biopsy Number

5

6

7

8

Anatomic Site of Biopsy

Clinical History

Gross Description

Clinician/Practitioner Signature

Date

Gross By:

Lab Use Only

Prof. Codes

L720

L861

L862

L863

L864

L865

L866

L867

L868

L869

Dx Codes

Revision #: 1

Revised By: Sue Clipsham

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Effective Date: April 30, 2015

Form #: NQSP1401B



**HI 106 B
Histology Specimen Tracking Log**

Date:		Clinic/Physician Name and Address:	
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Please include all required information for each patient on the rows below. We recommend affixing patient identification for better clarity.

Patient First Name	Patient Last Name	Patient Health Card #	# Specimens per Requisition	Physician / Sender Initials	Dynacare Histology Staff Initials

For Physician / Sender Total Number of Specimens Shipped:	Dynacare Histology Staff Total Number of Specimens Received:
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