



Histopathology Requisition

Requisitioning Clinics / Practitioner

Name

Address

Laboratory Use Only

Histology Reference Number

Clinician / Practitioner's Contact Number for Urgent Results ( ) Ext.

Service Date YYYY MM DD

Clinician/Practitioner Number

CPSO/Registration Number

Health Card Number

Version

Sex

M  F

Date of Birth

YYYY MM DD

Check (✓) one:

OHIP/ Insured  Third Party/Uninsured  WSIB

Province

Other Provincial Registration Number

Health Card Expiry

YYYY MM DD

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

YYYY MM DD

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

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