



Histopathology Requisition

For Dynacare Staff Use ONLY

Administrative Offices and Processing Facility

100-830 King Edward St
Winnipeg, MB R3H 0P4
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Medical Director: Dr. J. Naidoo

Date Received:	Histology Reference Number:
Time Received:	

Patient Information			Ordering Physician (stamp if available)	
PHIN:	MHSC:		Please include Physician's Surname, First Initial & Address	
Last Name: <small>As per MHSC Card</small>				
First Name: <small>As per MHSC Card</small>				
DOB: YYYY MM DD	Gender:	Phone #:		
Address:		Chart #:	Practitioner Code #:	
Payment Agency Responsibility: The Minister requires that one of the following boxes be marked by the requisitioning physician at the time the tests are ordered:			CC: Physician Name:	
<input type="checkbox"/> MB Health <input type="checkbox"/> WCB <input type="checkbox"/> Other (specify)			Address:	
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque Receipt#:			Phone #:() Fax #:()	

Specimen Collection Date:	YYYY MM DD	Specimen Collection Time:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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Specimen Site/Clinical Information