Dynacare®

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Medical Director: Dr. J. Naidoo

Histology Request Form - Winnipeg

Specimen Collection Date _____ YYYY/MM/DD

Specimen Collection Time _____ HH:MM

Patient Information

PHIN: _____ MHSC: _____

Last name: _____
Per MHSC card

First name: _____
Per MHSC card

Date of birth: _____ Gender: ☐ **M** ☐ **F**
YYYY/MM/DD

Address: _____
Street

_____
City Province Postal code

Chart #: _____ Phone: _____

The Minister requires that one of the following boxes be marked by the requisitioning physician at the time the test(s) are ordered:

☐ **Manitoba Health** ☐ **WCB** ☐ **3rd Party**

☐ **Other:** _____

Physician Information

Physician: _____
Lastname, first initial

Address: _____
Street

_____
City Province Postal code

Phone: _____ Fax: _____

Please complete the following to have CC sent:

Physician: _____
Lastname, first initial

Address: _____
Street

_____
City Province Postal code

Phone: _____ Fax: _____

Specimen Site/Clinical Information