

**Benefits of providing COMPLETE and LEGIBLE information:**

- Reduces turn around time when processing patient samples
- Promotes patient safety through reduced transcription errors

**Patient Identification MUST include:**

- ✓ First and last name
- ✓ PHN or unique identifier
- ✓ Date of Birth



**Saskatchewan Health Authority**

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Saskatoon, Saskatchewan  
306-633-8398

**SURGICAL PATHOLOGY REQUISITION**

Originating Site or Health Facility:

RUH SCH SPH Other: \_\_\_\_\_

Ward/Clinic/Location: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Additional Copies to:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**Complete ward/clinic information including clinician**

HSN: \_\_\_\_\_ Chart# \_\_\_\_\_

Patient Name: \_\_\_\_\_  
(Last Name, First Name)

Date of Birth: \_\_\_\_\_  
(Day/Month/Year)

Address/Phone: \_\_\_\_\_

**Patient information section MUST be FULLY completed**

Collection Date & Time: \_\_\_\_\_ (Note a \_\_\_\_\_)

Specimen (type/site/source): \_\_\_\_\_ Time out of body: \_\_\_\_\_

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_

**Fully complete specimen information including collection date**

Clinical History: (Note: Adequate clinical information (past and present) is essential for accurate diagnosis)

**Clinical History section to be completed by clinician including signature  
Complete and legible information promotes patient safety!**

Clinical/Preoperative Diagnosis: \_\_\_\_\_

Surgical Procedure: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Physician Name: \_\_\_\_\_

**Laboratory Use Only**

Date/Time Received in Laboratory: \_\_\_\_\_

Received Fresh

Time into Formalin: \_\_\_\_\_

(Please Print)  
**Accession #**

**Failure to supply required information will lead to delays in service**