



RUH SCH SPH Other _____

SURGICAL PATHOLOGY REQUISITION

Department of Laboratory Medicine
Saskatoon, Saskatchewan
Phone: 306-655-8398

NAME: _____

HSN: _____

MRN: _____

D.O.B. (dd/mm/yyyy): _____

ADDRESS: _____

PHONE #: _____

Ward/Clinic/Location: _____

Referring physician: _____ Family physician: _____

Additional copies to:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Collection date and time: _____ <i>(Note any delays of placing tissue into formalin)</i>	
Specimen (type/site/source):	Time out of body:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Clinical history: _____ *(Adequate clinical information [past or present] is essential for accurate diagnosis)*

Clinical/Pre-operative diagnosis: _____

Surgical procedure: _____

Physician signature: _____ Physician name: _____

Laboratory Use Only	Accession #:
Date/Time received in laboratory: _____	
<input type="checkbox"/> Received fresh	
Time into formalin: _____	