

Requisitioning Clinics / Practitioner

Name

Address

Phone:

Fax:

Laboratory Use Only

Histology Reference Number

Pathologist:

Clinician / Practitioner's Contact Number for Urgent Results

()

Ext.

Service Date

Y Y Y Y M M D D

Clinician/Practitioner Number

CPSO/Registration Number

Health Card Number

Version

Sex

M F

Date of Birth

Y Y Y Y M M D D

Check (✓) one:

OHIP/ Insured Third Party/Uninsured WSIB

Province

Other Provincial Registration Number

Health Card Expiry

Y Y Y Y M M D D

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

Y Y Y Y M M D D

Specimen Collection Time

AM

PM

:

hr.

Specimen Placed in 10% (NBF)

Same as Collection Time

Time Specimen Placed in 10% NBF

(if different from Collection Time)

AM

PM

:

hr.

Specimen	Anatomic Site	Procedure	Clinical Information
1		<input type="checkbox"/> Excision <input type="checkbox"/> Punch <input type="checkbox"/> Curettage <input type="checkbox"/> Shave <input type="checkbox"/> Other <input type="checkbox"/> Direct Immunofluorescence	
2		<input type="checkbox"/> Excision <input type="checkbox"/> Punch <input type="checkbox"/> Curettage <input type="checkbox"/> Shave <input type="checkbox"/> Other <input type="checkbox"/> Direct Immunofluorescence	
3		<input type="checkbox"/> Excision <input type="checkbox"/> Punch <input type="checkbox"/> Curettage <input type="checkbox"/> Shave <input type="checkbox"/> Other <input type="checkbox"/> Direct Immunofluorescence	
4		<input type="checkbox"/> Excision <input type="checkbox"/> Punch <input type="checkbox"/> Curettage <input type="checkbox"/> Shave <input type="checkbox"/> Other <input type="checkbox"/> Direct Immunofluorescence	

Gross Description

Clinician/Practitioner Signature

Date

Total Number of Bottles (Limit 4)

Lab Use Only

Prof. Codes	L720	L861	L862	L863	L864
	L865	L866	L867	L868	L869
Dx Codes					