


Completing an Anatomical Pathology Consultation Request (#826233) Job Aid



Interior Health

ANATOMICAL PATHOLOGY CONSULTATION REQUEST

East Kootenay Regional Hospital 250-489-6441
 Kootenay Boundary Regional Hospital 250-364-5189
 Kelowna General Hospital 250-862-4407
 Penticton Regional Hospital 250-492-9014
 Royal Inland Hospital 250-314-2669
 Vernon Jubilee Hospital 250-558-1342

Name _____
Sex _____ Date of Birth (DD/MM/YYYY) _____
Address _____
City / Postal Code _____
PHN # or Health Care # (out of province) _____
Card Expiry Date (if applicable) YYYY/MM/DD _____
Telephone _____

Collected by: Physician
 Patient
 Other (specify) _____

Patient Demographics
Minimum Information required:
 Patient's Full Legal Name (printed)
 Personal Health Number
 Date of Birth (ddmmvvvv)

***** Requisition or specimen labeling must be complete to avoid any delays in specimen processing. Please use an additional requisition if there are more than 10 specimens.**

Please PRINT legibly Exact site(s) of specimen(s)	Indicate Date & Time(s) <small>Example: 27/Apr/2018 13:20</small>				Clinical Information
	Procurement		Formalin added		
	DD/MM/YYYY	HH:MM	DD/MM/YYYY	HH:MM	
A.					
B.					
C.					
D.					
E.					
F.					
H.					
I.					
J.					

Copies to:
Locum Practitioners must include name and MSP # of practitioner being covered

Submitting Practitioner's Name and MSP # (print) _____
Practitioner's Signature _____

826233 Jun 4-18 See reverse for more information

Indicate the site the specimen will be sent to.

Specify the exact anatomical location of the specimen. Must include Right, Left or appropriate location

Date and time the specimen was obtained by physician. Note if the same for multiple specimens, then a line can be drawn to show same date and time through the respective specimens

List all physicians requiring copies

Print submitting physician's name and MSP #

Indicate collecting individual. If "Other" is selected, include name of individual performing the collection.

Operative Procedure
Clinical Information
Related past patient or familial history
Past treatments if any
Preservative name if other than 10% Buffered Formalin
Diagrams if required
Priority of handling specimen (i.e. RUSH)
Indicate additional information regarding the specimen if it is being sent separately. Example: on Intraoperative Consultation form

Date and time the preservative was added directly to the specimen. Note: If the same for multiple specimens, then a line can be drawn to show same date and time.

Physician's Signature

Related Document

AP 0126 Consultation Request Reference List