



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/MMM/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*) _____

***** 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 | | |
| | <small>DD/MMM/YYYY</small> | <small>HH:MM</small> | <small>DD/MMM/YYYY</small> | <small>HH:MM</small> | |
| A. | | | | | |
| B. | | | | | |
| C. | | | | | |
| D. | | | | | |
| E. | | | | | |
| F. | | | | | |
| G. | | | | | |
| H. | | | | | |
| I. | | | | | FOR LAB USE ONLY (<i>Additional space on back</i>) |
| J. | | | | | |
| Copies to: <i>Locum Practitioners must include name and MSP # of practitioner being covered</i> | | | | | |
| Submitting Practitioner's Name and MSP # (print) | | | | Practitioner's Signature | |

INSTRUCTIONS

This requisition forms a physician consultation request with a pathologist and is a permanent record. It is essential that **all information be Complete and Legible.**

As a convenience to hospitals having addressograph facilities, the upper right hand section of the form is available.

Adequate CLINICAL INFORMATION AND SITE OF BIOPSY(S) is essential for proper Pathologic evaluation. The report may be significantly delayed if the request form or specimen container labelling do not meet the IH labelling criteria.

AP CONSULTATION REQUEST FORM TO HAVE ALL AREAS TO BE COMPLETED

- Specimen labelling criteria
- Patient Legal Last Name, First Name
- Date of Birth (DD/MMM/YYYY)
- Personal Health Number (PHN)
- Sample Number (for multiple samples from same or similar source)
- Name of fixative or transport media

PROCEDURE

- Place the tissue in a labelled specimen container of appropriate size and add 10% Neutral Buffered Formalin to at least 10 times the volume of the specimen. Ensure the lid is tightly sealed. If in doubt, phone the pathology department for instructions (e.g. if immunofluorescence testing is needed the specimen MUST NOT be fixed in formalin).
- Place the specimen container in an appropriate leak-proof secondary container for transport.
- For small specimen containers, place the labeled container in a biohazard bag along with a formalin-absorbent pad (FAN). DO NOT wrap the container in the FAN pad. Place the completed requisition in the outside pocket of the biohazard bag.
- For large specimens, send unfixed in a labelled container with a "Add Formalin" sticker on both the specimen container and requisition. Transport to the lab immediately.
- COMPLETE ALL BOXES ON THE REQUISITION FORM LEGIBLY. THIS INFORMATION IS ESSENTIAL FOR PROPER IDENTIFICATION OF PATIENT, SPECIMEN, PHYSICIAN, AND FOR PROPER PROCESSING OF SPECIMEN.
- The **DATE AND TIME OF PROCUREMENT AND FIXATION** (may be identical for small specimens) is **REQUIRED.**
- Ship specimens to the appropriate facility. Ensure the specimen does not freeze.
- For any further information, please call the site that customarily receives your tissue specimens.
- A supply of these forms is available through IH Documentation Services, form # 826233.

FORMALIN HANDLING

- For appropriate handling and storage of 10% Neutral Buffered Formalin refer to IH Surgical Services Online Manual or MSDS.

FOR LAB USE ONLY