

Path Accession Number _____

**OUTPATIENT PATHOLOGY
CONSULTATION REQUISITION**

Royal Columbian Hospital Phone (604) 520-4352
330 E Columbia St. Fax (604) 520-4409
New Westminster, B.C. V3L 3W7

Patient Name: _____
Last First

Date of Birth: _____ Sex: M F
DD/MM/YYYY

PHN: _____

Doctor: _____

Insurance: _____
MSP, Self pay, Out of Prov., WCB, RCMP, Veterans, and Refugee etc.

DATE OF PROCEDURE: _____
DD/MM/YYYY

Patient Address: _____

City: _____ Province: _____ Country: _____

Postal Code: _____ Phone: _____

1. **ALL Patient Demographics must be printed legibly and completed in full**
2. **The anatomic site and relevant clinical information are essential for an accurate pathological consultation. Failure to provide this information may result in delayed report.**
3. **All specimens to be submitted in 10% buffered Formalin, except with prior consultation with a Pathologist.**
4. **All additional copy physicians must have first and last name and MSP number.**
5. **All Non Canadian Residents must sign a FHA waiver form. The signed and witnessed form must be attached to the requisition when specimen submitted.**

| | |
|---|---|
| Number of containers submitted _____ | List below specimen type / site: |
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

HISTORY AND CLINICAL DIAGNOSIS:

DOCTOR(S) _____
COPIES TO: _____
(must include MSP _____
numbers): _____

SIGNATURE / STAMP OF REQUESTING DOCTOR

MSP NUMBER OF REQUESTING DOCTOR

LAB USE ONLY:

INITIALS OF TECHNOLOGIST / AIDE
SPECIMENS

NUMBER OF CONTAINERS
RECEIVED BY LAB

DATE VERIFYING