



Placement of Pathology Specimen Label

SURGICAL PATHOLOGY REQUISITION

Department of Pathology: (519) 685-8500 Ext. 32956

PIN#: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

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

OHC#: _____ Version Code: _____

Source: SJHC SSC UC WC Other: _____

Submitting Physician: _____ Date of Procedure: _____

Clinical Information: _____

Transplant Patient: Yes No

Tissue Submitted:

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

H. _____

I. _____

J. _____

K. _____

L. _____

LAB USE ONLY (number of blocks)

Table with 10 rows and 1 column for lab use only.

Total Number of Specimens: _____

Additional Specimens on Another Form: Yes No

Requisition Completed by: _____