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DIAGNOSTIC SERVICES
OF MANITOBA

SERVICES DE DIAGNOSTIC
DU MANITOBA

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CORE BIOPSIES HISTOLOGY - BREAST REQUISITION

PHYSICIAN ORDERING TEST:

(Billing Code) (Last Name) (First Name / Initial)

Telephone _____ Pager _____

Copy of report to:

Clinician

(Billing Code) (Last Name) (First Name / Initial)

(Billing Code) (Last Name) (First Name / Initial)

Other Location (ex. diagnostic imaging, CCMB, etc.)

(Name)

PHYSICIAN'S SIGNATURE _____

Referring Institution _____
(Site)

PATIENT DEMOGRAPHICS (ex. Addressograph imprint):

LOCATION:
WARD _____

PATIENT NAME:
LAST, FIRST _____

DATE OF BIRTH
DD/MM/YYYY _____

SEX F M

FACILITY MRN: _____

MB PHIN (9 digits):
(or other province, territory or Federal assigning authority such as RCMP, Department of National Defence, Correctional Service Canada, Veterans Affairs Canada, Canadian Immigration (temporary) Health Number)

PHYSICIAN (PRINT):
LAST, FIRST _____

COLLECTION DATE: _____
D D M M M Y Y Y Y

Contact _____ Telephone: _____

PLEASE COMPLETE THE INFORMATION ABOVE, PRINT CLEARLY
***** Specimens may not be examined without the appropriate Demographics and Clinical Information *****

Number of containers: _____ SPECIMEN SUBMITTED IN: FORMALIN FRESH SPECIMEN OTHER _____
(ex. Labeled A, B, C, etc.)

Breast biopsy Radiologic Information

Location of lesion: Right or Left _____, _____ o'clock _____ cm from Nipple, Depth of lesion _____, Radian _____

Biopsy performed for (check or circle all that apply):

Calcifications - Type of calcifications:

- Amorphous Punctate
- Heterogeneous Pleomorphic
- Linear/branching Indeterminate

Mass:

- Palpable Non-palpable
- Solid Cystic
- Mixed solid/cystic

Architectural distortion

Asymmetry

Other (i.e. lymph node) _____

Size of lesion _____

Suspicion based on imaging

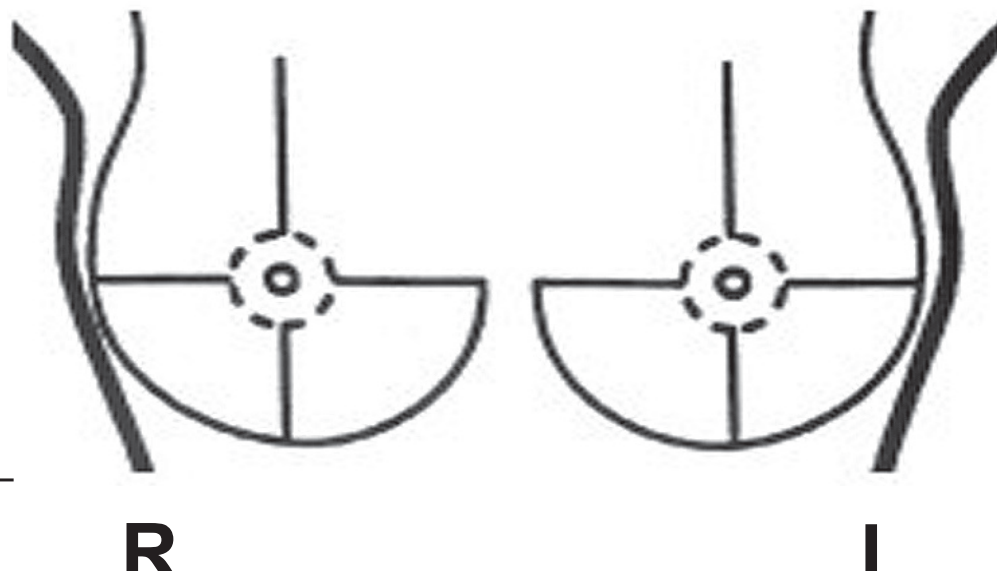
Low Intermediate High

Comments: _____

Specimen

A. _____

B. _____



Time collected	Time in formalin	Sign off Initials
_____ 24 HOUR	_____ 24 HOUR	<input type="checkbox"/>
_____ 24 HOUR	_____ 24 HOUR	<input type="checkbox"/>

Breast Requisition Quick Reference

Required Information:
Ordering Physician: Full last/first name required to ensure correct physician ID, and timely contact if consultation required.
Include physician billing codes.
Report Copy To: Ensures final report is sent to the appropriate healthcare practitioners involved in patient care map. Ensure billing codes are completed.
Referring Institution: Ensures final reports can be directed accurately & appropriately.
Physician Signature: Physician performing the procedure must sign the requisition to confirm the correct sample on correct patient. **(Mandatory requirement)**

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PHYSICIAN ORDERING TEST:
(OVER NAME / FAMILY)
 Telephone: _____
 Copy of report to:
 Clinician
 Other Location (i.e. approved hospital, clinic, etc.)

PHYSICIAN'S SIGNATURE: _____
(OVER NAME / FAMILY)
 Referring Institution: _____ Telephone: _____

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PATIENT DEMOGRAPHICS (see Adult Biopsy Request Form):
 ELICITATION: _____
 PATIENT NAME: LAST, FIRST
 DATE OF BIRTH: _____
 SEX: F M
 FACILITY NAME: _____
SEE FRONT OF ORDER FORM FOR INSTRUCTIONS REGARDING PATIENT INFORMATION
 PHYSICIAN: _____
 COLLECTOR'S NAME: _____
 COLLECTOR'S DATE: _____ Telephone: _____

HISTOLOGY - BREAST REQUISITION

PLEASE COMPLETE THE INFORMATION ABOVE. PRINT CLEARLY
See Specimens may not be examined without the appropriate Demographics and Clinical Information see BIRAD (A, B, C, D)

Number of containers: FORMALIN FRESH SPECIMEN OTHER

Breast Biopsy Radiologic Information

Location of lesion: Right or Left _____, about _____ cm from Nipple. Depth of lesion _____, Radialian _____

Biopsy performed for (select or circle all that apply):

Calcifications - Type of calcification:
 Amorphous Punctate
 Heterogeneous Pleomorphic
 Linear/fracturing Indeterminate

Masses:
 Palpable Non-palpable
 Solid Cystic
 Mixed solid/cystic
 Architectural distortion
 Asymmetry
 Other (i.e. lymph node)

Size of lesion: _____

Suspicion based on imaging:
 Low Intermediate High

Comments: _____

Specimen
 A. _____
 B. _____

Time collected: _____
 Sign of fixation: _____

Time to fixation: _____
 Sign of fixation: _____

Page: _____

Important
 The information required for completion of the Pathology Services Laboratory Requisition is the minimum standard to ensure compliance to:
 • DSM Specimen Acceptance Policy #10-50-04
 • CAP accreditation requirements
 • Positive patient/specimen identification & verification.

Required Information:
Ordering Physician: Full last/first name required to ensure correct physician ID, and timely contact if consultation required.
Include physician billing codes.
Report Copy To: Ensures final report is sent to the appropriate healthcare practitioners involved in patient care map. Ensure billing codes are completed.
Referring Institution: Ensures final reports can be directed accurately & appropriately.
Physician Signature: Physician performing the procedure must sign the requisition to confirm the correct sample on correct patient. **(Mandatory requirement)**

Radiologic Information: Indicate "R" for Right and "L" for Left. This is especially important if multiple or bilateral lesions are present for purposes of radiologic pathologic correlation

Reason for Biopsy:
 Suspicion: Use BIRADS if possible

Type of Specimen: Pathology specimens require accurate documentation of specimen source, tissue type, specimen descriptor (mass/tumor etc.), anatomical site including position (left/right)
 Indicate presence of calcifications; if applicable
Collection Time: Must be present to ensure accurate fixation times (including ischemic time: time collected). Sign off/initials of person placing specimens into formalin.
Note: Delays in transport to lab may result in potential processing issues.

Patient Demographics: All patient demographics **MUST** be present & **LEGIBLE.**
 Patient last/first name (in full)
 • DOB
 • Gender
 • MB PHIN
 • Physician
Critical: Requisition **MUST** match Specimen Label

Number of Specimens: Required to confirm physical quantity matches documented at time of collection. With multiple specimens - label alphabetically.
 Specimen Submitted In: e.g. Formalin, fresh, etc. Required to ensure appropriate handling and specimen processing.
 Required to ensure appropriate handling and specimen processing.

Location: Note on the diagram the lesion being biopsied, location, size, and other relevant findings like skin changes, nipple retraction, scars, etc. These are required to support the pathologist interpretation.

Lack of clinical details will impede diagnosis and will ultimately delay cases which may impact to the quality of the final diagnostic report.