For PDF Fillable Requisitions, the following applies:

1. The form shall be completed using a Digital Health assigned computer.
2. Absolutely no personal health information shall be electronically saved on a computer.
3. The completed form shall not be shared electronically. If you reasonably believe that e-mailing the information is the only available method of communication or the only way to send the information then you must adhere to the Privacy guideline titled "E-mailing Personal Health Information".
4. All forms must be completed in their entirety, e.g. if a staff member has only completed half of a form they cannot save their work and then come back to complete it at a later date.
5. Once the personal health information has been recorded onto the form, it is to be printed immediately, deleted (not saved) from the computer, and then stored securely inside the client (paper) health record or scanned into an electronic record.
6. Do not print unnecessary duplicate copies of the form.
7. Regular audits of the Digital Health assigned computer shall be undertaken to ensure that no personal health information is being duplicated and saved.

This space for lab use only
Place LIS Label here

Pathology Services Histology Breast Excision Requisition

Fields marked with an Asterisk are mandatory

This space for lab use only
Place AP label here

Ordering Provider Information		
*Last & Full First Name:	Billing Code:	
*Facility Name/Address:		
Critical Results Ph#:	Fax #:	
*Provider Signature:	Ph #:	
Copy Report To *(if info missing, report may not be sent):*		
Last & Full First Name:	Ph #:	Fax #:
Facility Name/ Address:		
Last & Full First Name:	Ph #:	Fax #:
☐ Facility Name/ Address:		

PATIENT INFORMATION ***(print or use addressograph)***

*Last/First Name: (per Health Card)

* Date of Birth (dd/mm/yyyy)

*Sex: □ Female □ Male

*PHIN: Specify if other province/ DND

MRN:

Encounter#:

Patient Phone #:

Patient Address:

***Collection Date & Time**: _____

***Time Specimen Placed into Formalin:** _____

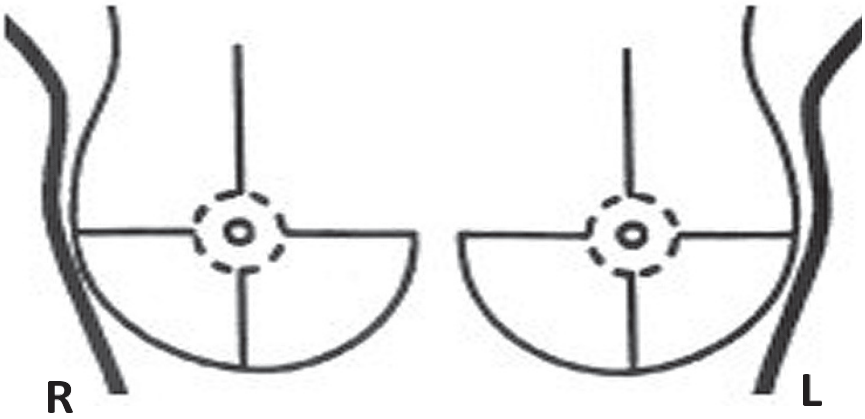
Specimen type on requisition *MUST* be identical to specimen type on container, including # of containers
****Specimens may not be examined without the appropriate demographics and clinical information****

Total Number of containers:_____**SPECIMEN SUBMITTED IN:** ☐ **FORMALIN** ☐ **FRESH SPECIMEN** ☐ **OTHER** _____

(ex. Labeled A, B, C, etc.)

Location of lesion: Right or Left_____,_____o'clock_____cm from Nipple

LOCATION:



HISTORY:

Preop core biopsy? ☐ Yes ☐ No

Previous breast surgery ☐ Yes ☐ No

☐ Ipsilateral ☐ Contralateral

Path number_____(If available)

Markers/clips placed ☐ Yes ☐ No

Multifocal? ☐ Yes ☐ No Number of foci _____

Distance between lesions _____

Size of largest focus_____mm ☐ Clinical ☐ Imaging

Neoadjuvant Radio/Chemo/Endocrine therapy? ☐ Yes ☐ No

Other:_____(BRCA status, etc.)

Procedure:

☐ Lumpectomy Localizer in place ☐ Yes ☐ No

☐ Mastectomy

☐ Sentinel lymph node biopsy

☐ Axillary dissection

Intraoperative Consultation: _____

Specimen	Ischemic Start Time: Time collected	Time in formalin
A. _____	24-HOUR	24-HOUR
B. _____	24-HOUR	24-HOUR
C. _____	24-HOUR	24-HOUR
D. _____	24-HOUR	24-HOUR
E. _____	24-HOUR	24-HOUR
F. _____	24-HOUR	24-HOUR
G. _____	24-HOUR	24-HO

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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/Referring Institution: Ensures final report is sent to the appropriate healthcare practitioners involved in patient care map.

Physician Signature: Physician performing the procedure must sign the requisition to confirm the correct sample on correct patient.
(Mandatory requirement)

Critical: Complete and accurate information is necessary to ensure final reports are directed appropriately.

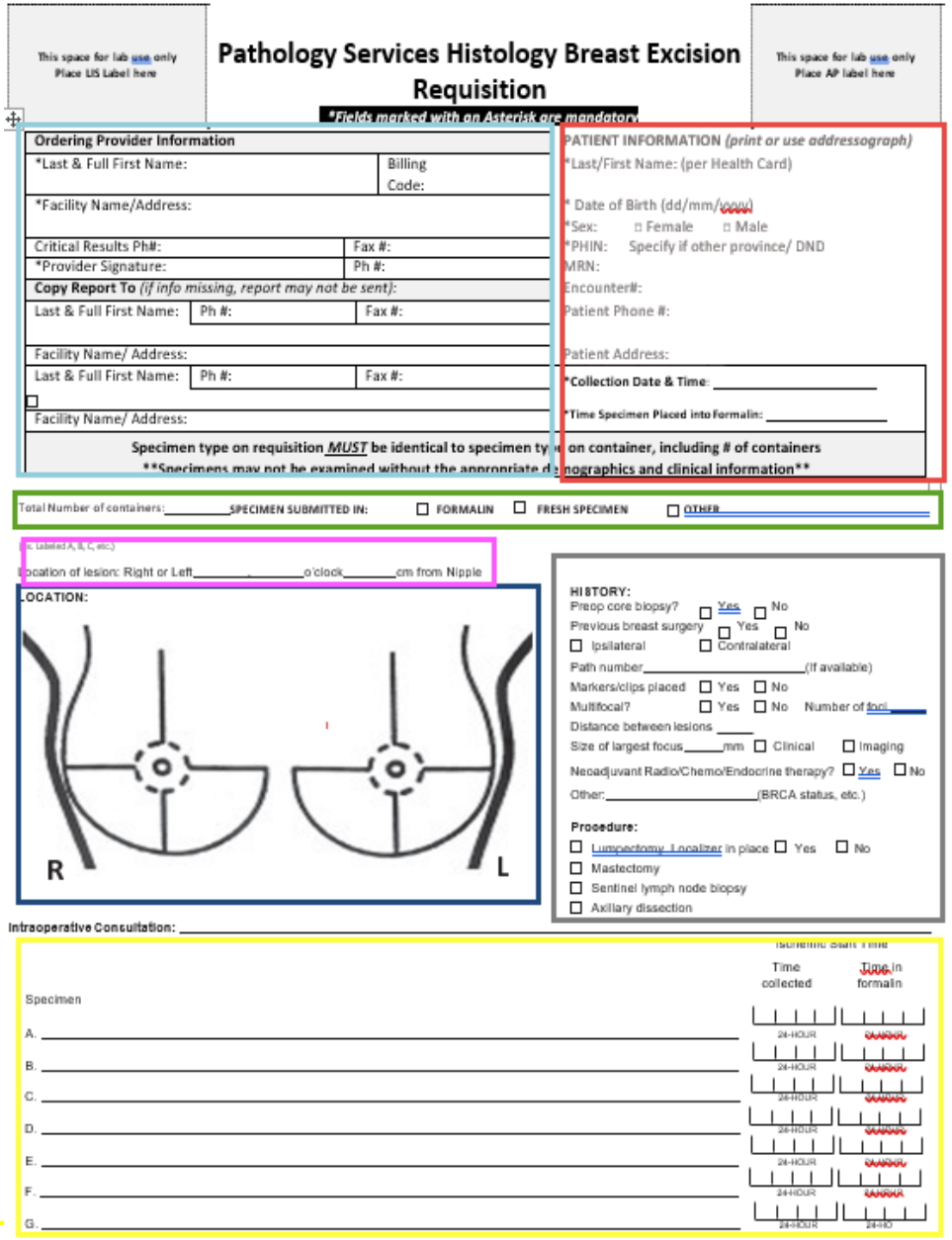
Radiologic Information:

Location: Note on the diagram the tumor location.

Type of Specimen: Pathology specimens require accurate documentation of specimen source, tissue type, specimen descriptor (mass/tumor etc.), anatomical site including position (left/right), orienting sutures (if applicable).

Collection Time: **Mandatory: Include both ischemic time and time in formalin (if not submitted fresh to the pathology department).** For biomarker test results to be valid, the cold ischemic time (time from removal of patient to initiation of fixation) must be < 1 hour. These time points must be recorded to document that tissue is handed from the surgical field and placed in fixative as quickly as possible.

Place initials beside the time in formalin.
Note: *Delays in transport to lab may result in potential processing issues.*



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

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: Required to ensure appropriate handling and processing specimens.

Reason for excision and clinical history pertaining to this specimen.

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