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.

Pathology Requisition for GI Endoscopy

LAB USE ONLY
BARCODE

Fields marked with asterisk are mandatory and must be clearly legible

Submitting Provider Information			**Patient Information** *(print or use addressograph)*
*Last & Full First Name:		Billing Code:	*Last/First Name: (per Health Card)
*Inpatient Location/Facility Name/Address:			* Date of Birth (dd/mm/yyyy)
Ph #:			*Sex: □ Female □ Male
Critical Results Ph #:		Fax #:	
***Provider Signature:**		Ph #:	*PHIN: Specify Province or DND if different
Copy Report To *(if info missing, report may not be sent):*			MRN:
Last & Full First Name:	Ph #:	Fax #:	Encounter#:
Facility Name/ Address:			
Last & Full First Name:	Ph #:	Fax #:	Demographics verified via: ❑ Health Card ❑ Armband ❑eChart/CR ❑ Other ❑Morgue
Facility Name/ Address:			
			***COLLECTION DATE and TIME: _____**

***Specimen Site**	***Specify Location**	***Endoscopic findings (for colon polyps-include number, size and specify intact vs piecemeal removal)**

***Clinical Data** (Clinical question. Pertinent history, imaging, previous pathology. Indicate if chemotherapy or radiation.)

Instructions - For information on biopsy submission, see the Manitoba GI Endoscopy Biopsy Guidelines
https://healthproviders.sharedhealthmb.ca/files/clinical-guideline-gi-endoscopic-biopsy.pdf

Specify location as follows:

Sites	**Specify location as:**
Esophagus	Distal, mid or proximal; for Barrett's state cm above GE junction; cm if applicable, other.
GE junction	Only submit a biopsy if a lesion is seen.
Stomach	Antral, body, fundus, pylorus, other.
Duodenum	Proximal, bulb, other
Ileum	Proximal, other
Colon	Right/left, cecum, ascending, hepatic flexure, transverse, splenic flexure, descending, sigmoid, rectum, cm if applicable; other
Anus	Anal canal, anal verge, anal skin