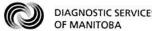
For PDF Fillable Requisitions, the following applies:

- 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.



DIAGNOSTIC SERVICES SERVICES DE DIAGNOSTIC **DU MANITOBA**

THIS SPACE FOR LAB USE ONLY: PLACE AP LABEL HERE

PATHOLOGY SERVICES

LABORATORY TEST REQUISITION

NAME OF PHYSICIAN ORDERING TEST:	LOCATION/WARD:
2 - 12 (16.00 - 20	PATIENT NAME: (LAST) (FIRST)
Copy of report to:	
Address Fax/Phone	DATE OF BIRTH: SEX: DM DF
REFERRING INSTITUTION NAME AND ADDRESS OR CODE (FOR EXTERNAL LOCATIONS):	FACILITY HEALTH RECORDS NO:
CONTACT	PERSONAL HEALTH ID NO / PHINN
TELEPHONE PAGER	PERSONAL HEALTH ID NO (PHIN): (PROV. OR INST.) PHYSICIAN (PRINT):
PHYSICIAN'S SIGNATURE	COLLECTION DATE and TIME.
PLEASE COMPLETE THE	INFORMATION ABOVE, PRINT CLEARLY
Specimens may not be examined without the approp	riate Demographics and Clinical Information
# of SPECIMENS:	
SPECIMEN SUBMITTED IN: FORMALIN SALINI	E TRANSPORT MEDIA OTHER
YPE OF SPECIMEN(S): with exact location and orientation)	FOR GYNECOLOGICAL SPECIMENS GIVE: Date of Last Menses
	Para Gravida I.U.D., Hormone Therapy
	Para Gravida I.U.D., Hormone Therapy INTRAOPERATIVE CONSULTATION:
	I.U.D., Hormone Therapy
	I.U.D., Hormone Therapy
	I.U.D., Hormone Therapy
YPE OF OPERATION/PROCEDURE:	I.U.D., Hormone Therapy
YPE OF OPERATION/PROCEDURE:	I.U.D., Hormone Therapy
TYPE OF OPERATION/PROCEDURE:	I.U.D., Hormone Therapy
YPE OF OPERATION/PROCEDURE:	I.U.D., Hormone Therapy
CLINICAL DATA, e.g. DIAGNOSIS, X-RAY FINDINGS. RADIATIO	INTRAOPERATIVE CONSULTATION:
YPE OF OPERATION/PROCEDURE: CLINICAL DATA, e.g. DIAGNOSIS, X-RAY FINDINGS, RADIATION THERAPY, (current and previous):	INTRAOPERATIVE CONSULTATION:

PREVIOUS SURGICAL PATHOLOGY AND CYTOLOGY REPORTS:

