

Saskatoon Health Region  
Saskatoon, Saskatchewan  
Department of Laboratory Medicine  
306-655-8398

**SURGICAL PATHOLOGY  
REQUISITION**

Date /Time Received in Laboratory: \_\_\_\_\_

PHN: \_\_\_\_\_ Chart# \_\_\_\_\_

Patient Name: \_\_\_\_\_  
(Last name)

Date of Birth: \_\_\_\_\_  
(Day/Mo/Year)

Address: \_\_\_\_\_

**Patient Information  
Listed Here**

**All Oral Pathology must be submitted to  
the attention of Dr. Copete  
ATTN: DR. COPETE**

Originating Site or Health Facility:  RUH  SCH  SPH  HDH  OTHER (specify) \_\_\_\_\_  
Select 'other', fill in clinic name

Inpatient Ward: \_\_\_\_\_  Outpatient Ward: \_\_\_\_\_ Collected by :( DI, OR) \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Family Physician: \_\_\_\_\_

Copies to: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

Collection Date: \_\_\_\_\_ Note any delays of placing tissue into formalin: \_\_\_\_\_

Specimen (type/site/source): \_\_\_\_\_ out of body: \_\_\_\_\_

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

**SAMPLE INFORMATION**

- 1) Soft Tissue **L** lateral border - tongue
  - 2) Lump - soft tissue midline palate
- (formalin jars with patient label, specimen number must be labelled exactly as above)

Surgeon to complete:

**Clinical History:** Note: Adequate clinical information (past and present) is essential for accurate diagnosis.

Previous Relevant Surgery (Health Facility performed): \_\_\_\_\_

Clinical/Preoperative Diagnosis: \_\_\_\_\_

Surgical Procedure: \_\_\_\_\_

Surgeon Signature: \_\_\_\_\_ Surgeon: \_\_\_\_\_

Please print

**THIS SECTION MUST BE COMPLETED  
BY THE SURGEON AND SIGNED**

Laboratory use only

Received Fresh

Time into formalin: \_\_\_\_\_

**Cancer Clinic**  
Yes No

Accession #