AL PR LA	BERTA ECISION BORATORIES Jers in pratory Medicine		A		al Patholog			1		F		
	PHN Expiry:			Date of Birth (	Date of Birth (dd-Mon-yyyy)							
ent	Legal Last Name				Legal First Name				Middle Name			
Patient	Alternate Identifier			Preferred N			ale □ Female on-binary □ Prefer not to disc		Phone			
	Address				City/Town		<u> </u>	Prov			Posta	al Code
<u> </u>	Authorizing Provider Name (last, first, midd				Copy to Name		ame (last, f	ïrst, middle)	Copy to Name (last, first, middle)			
er(s	Address			Phone A		Address		Address				
Provider(s)	CC Provider ID CC Su		CC Sub	omitter ID	Legacy ID		Phone			Phone		
Ğ	Clinic Name							Clinic Name		Clinic Name		
Co	Dilection Date (dd-Mon-y			ууу)	Tissue Remov	Tissue Removed by		(Last, First Name)		Date/Time Received		eived
	Location/ Co	ocation/ Code/ Address (fo				Coll	ector ID		Phone	Fax		
		If other than routine:				eason required - indicate below under "Clinical Information				n/History)		
	Clinical Info				ologist directly.							
Other Relevant Information (i.e. History of Malignancy, Previous Radio- and/or Chemotherapy, Infectious Patier Immunocompromised, Medications)												nt,
	Sample(s) /	Tissue(	s)									1
	ID Exact Anatomical Site (including lat List all samples. Ensure sample labels mat List special handling, studies, and test requ							ocedure	Remov Time (h		In Fixative Time (hh:mm	

## ALBERTA PRECISION LABORATORIES

## Anatomical Pathology Requisition (Consultation Request)

Leaders in Laboratory Medicine

**This Page is for L	AB Use Only **	Lab Accession #								
Received D In For										
Sample ID	Fixative (specify)	Date in Fixative (yyyy-Mon-dd)	Time in Fixative (hh:mm)	Date of fixation cut(s) (yyyy-Mon-dd)	Time of fixation cut(s) (hh:mm)					
Special Assessment(s)										
□ Cytogenetics □ Electron Microscopy □ Flow Cytometry □ Lymphoma Protocol										
□ Molecular Patholo	Bank									
□ Other <i>(specify)</i>										
Intraoperative Consultation (track multi-part cases below)										
Gross Only	□ FS (Fre	ozen Section)	Name of Pathologist/Designee							
TP (Touch Preparation)										
□ Other <i>(specify)</i>			Signature							
Date (yyyy-Mon-dd)	Received Time (hh:mm)	Report Time (hh:mm)	# of Blocks	# of Slides	TAT(Mins)					
<ul> <li>List Sample(s) for Assessment, Notes &amp; Diagnosis</li> <li>Specify sample number(s)</li> <li>List exact site &amp; organ</li> <li>Specify number of blocks / slides per part / tissue sample</li> </ul>										