Saskatchewan Health Authority

Anatomic Pathology Requisition (Consultation Request)

Saskatoon City Hospital
701 Queen Street
Saskatoon, SK, S7K 0M7
Ph: 306-655-8398 | Fax: 306-655-8399

Requestor(s)	**Patient Information**			
Requesting Clinician to act on Results (*last, first*):	PHN	Alternate Identifier	Date of Birth (mm-dd-yyyy)	
Contact Number (*for critical results reporting*):	Last Name	First Name	Middle Initial	Gender
Location/Code/Address for Report:	Address		City/Town	
	Location/Ward	Province / Postal Code	Phone	
❑ Routine ❑ Priority (*clinical reason required; indicate below*)	**Date Collected** (mm-dd-yyyy)			

Copy to (*last, first*), Location/Code/Address for Report, Phone/Fax:

1. _____

2. _____

3. _____

Clinical Information/History : NOTE: The practitioner is responsible for providing all relevant information pertaining to these samples. Failure to do so may result in a delay in processing of the sample(s).

Current Problem(s)/ Relevant Medical and/or Family History

Pre-operative Diagnosis:

Surgical Procedure:

Sample(s)/Tissue(s)

ID	**Exact Anatomical Site (*including laterality*), Organ of Origin, and Collection Procedure** List all samples. Ensure sample labels match requisition. For additional samples, please use additional requisition.	**Removed Time** (hh:mm)	**In Fixative Time** (hh:mm)
1			
2			
3			
4			
5			
6			

Physician signature: _____ **Physician printed name:** _____