

# Surgical Pathology Requisition Form

Submitting Oral/Dental Biopsy Specimens to the Provincial Oral Biopsy Service (Drs. Copete & Gruza)

## Submitting the Specimen:

Fill out the Surgical Pathology Requisition with the patient demographics, submitting clinician's contact information, specimen information, clinical history, clinical diagnosis/differential diagnosis and the surgical procedure performed. Sign the requisition. **Be sure the requisition is labelled, "FOR ORAL PATHOLOGY".**

**Saskatchewan Health Authority** **FOR ORAL PATHOLOGY** Patient Label

☐ RUH ☐ SCH ☐ SPH ☐ Other \_\_\_\_\_

**SURGICAL PATHOLOGY REQUISITION**

Department of Laboratory Medicine  
Saskatoon, Saskatchewan  
Phone: 306-655-8398

NAME: \_\_\_\_\_ **John Doe**  
HSN: \_\_\_\_\_ **123 456 789**  
MRN: \_\_\_\_\_ **N/A**  
D.O.B. (dd/mm/yyyy): \_\_\_\_\_ **01/01/1999**  
ADDRESS: \_\_\_\_\_ **111 Clinic Cres. S'toon, SK**  
PHONE #: \_\_\_\_\_ **(306) 111-1111**

Ward/Clinic/Location: \_\_\_\_\_ **Main Street Dental Clinic, S'toon, SK, (306) 222-2222**  
Referring physician: \_\_\_\_\_ **Dr. Dentist**  
Additional copies to:  
1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Collection date and time: \_\_\_\_\_ **Nov. 1, 2019** \_\_\_\_\_ (Note any delays of placing tissue into formalin)  
Specimen (type/site/source): \_\_\_\_\_ Time out of body: \_\_\_\_\_  
1. Right buccal mucosa (in formalin for H&E/routine microscopy) \_\_\_\_\_  
2. Right buccal mucosa (in Michel's for direct immunofluorescence) \_\_\_\_\_  
3. Left dorsal tongue \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

Clinical history: \_\_\_\_\_ (Adequate clinical information [past or present] is essential for accurate diagnosis)

1. R buccal mucosa - Erythematous mucosa with white reticular striations and associated erosions/ulcerations present for 2 months; minimal response to topical steroid treatment; lesional tissue submitted

2. R buccal mucosa - Mildly erythematous mucosa adjacent affected tissue; perilesional tissue submitted

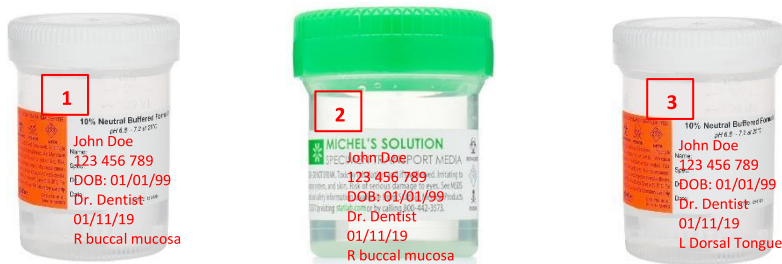
3. Left dorsal tongue - tissue colored 3X3X2mm nodule on anterior tip of left dorsal tongue, history of bite trauma

Clinical/Pre-operative diagnosis: \_\_\_\_\_ **1) Oral lichen planus 2) Oral lichen planus 3) Fibroma** \_\_\_\_\_  
Surgical procedure: \_\_\_\_\_ **1) Incisional biopsy 2) Incisional biopsy 3) Excisional biopsy** \_\_\_\_\_  
Physician signature: \_\_\_\_\_ **Signature** \_\_\_\_\_ Physician name: \_\_\_\_\_ **Dr. Dentist** \_\_\_\_\_

**Laboratory Use Only** Accession #: \_\_\_\_\_  
Date/Time received in laboratory: \_\_\_\_\_  
☐ Received fresh  
Time into formalin: \_\_\_\_\_

(Saskatoon Area) 05/2019 Laboratory Controlled Document Form-4030 v#2

Label the specimen jar containing the biopsy sample with the patient's demographics and site of biopsy. If more than one specimen jar is being submitted for a single case, be sure to properly label each container with the correct specimen number corresponding to that on the paper requisition.



Submit the completed requisition and pathology specimen(s) by courier to the Department of Pathology and Laboratory Medicine at Royal University Hospital in Saskatoon, or if necessary, to the Department of Pathology and Laboratory Medicine at Pasqua Hospital in Regina **(be sure the requisition is labelled, "FOR ORAL PATHOLOGY").**



☐ RUH ☐ SCH ☐ SPH ☐ Other \_\_\_\_\_

**SURGICAL PATHOLOGY REQUISITION**

Department of Laboratory Medicine  
Saskatoon, Saskatchewan  
Phone: 306-655-8398

NAME: \_\_\_\_\_

HSN: \_\_\_\_\_

MRN: \_\_\_\_\_

D.O.B. (dd/mm/yyyy): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

Ward/Clinic/Location: \_\_\_\_\_

Referring physician: \_\_\_\_\_ Family physician: \_\_\_\_\_

Additional copies to:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Collection date and time: \_\_\_\_\_ (Note any delays of placing tissue into formalin)

Specimen (type/site/source):

Time out of body:

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Clinical history:

(Adequate clinical information [past or present] is essential for accurate diagnosis)

Clinical/Pre-operative diagnosis: \_\_\_\_\_

Surgical procedure: \_\_\_\_\_

Physician signature: \_\_\_\_\_ Physician name: \_\_\_\_\_

**Laboratory Use Only**

**Accession #:**

Date/Time received in laboratory: \_\_\_\_\_

☐ Received fresh

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