

# North Bay Regional Health Centre

## Laboratory - Histology Tissue Requisition

Patient Name:  
DOB:  
Gender:  
HCN:  
Hospital #:  
Physician:  
Location:

Submitting Physician:	Family Physician:	Location (check one): <input type="checkbox"/> Endoscopy <input type="checkbox"/> ACU <input type="checkbox"/> OR <input type="checkbox"/> Birthing Unit <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Diagnostic Imaging <input type="checkbox"/> Emergency Room <input type="checkbox"/> CFB <input type="checkbox"/> Temiscaming PQ <input type="checkbox"/> Dr/Nurse Office <input type="checkbox"/> Other:	For lab use only:
Spec/Req/Check (Nurse):	Checked in Laboratory by:		
Date of Collection:	Time of Collection/Procedure:		
			Gross sectioned time:

#	Anatomic Source / Nature of Specimen	Ischemic Time	Clinical History and Diagnosis
1.		Removed@_____ In Formalin@_____	
2.		Removed@_____ In Formalin@_____	
3.		Removed@_____ In Formalin@_____	
4.		Removed@_____ In Formalin@_____	
5.		Removed@_____ In Formalin@_____	
6.		Removed@_____ In Formalin@_____	
7.		Removed@_____ In Formalin@_____	
8.		Removed@_____ In Formalin@_____	
9.		Removed@_____ In Formalin@_____	

Date \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_