

SURGICAL PATHOLOGY & BONE MARROW REQUEST FORM (2021)

Provincial Clinical Laboratory

Address for Non-PEI Residents Required

Queen Elizabeth Hospital **Prince County Hospital**
Charlottetown, PEI **Summerside, PEI**
Histology Lab: (902) 894-2338 **(902) 438-4288**
Report Inquiry: (902) 894-2300 **(902) 438-4624**
Fax: (902) 894-2385 **(902) 438-4281**

Name: _____ **Place Label Here**
 Street: _____
 City: _____ Prov./State _____
 Postal Code/Zip: _____

Payment Responsibility <input type="checkbox"/> WCB <input type="checkbox"/> DVA <input type="checkbox"/> DND <input type="checkbox"/> RCMP <input type="checkbox"/> Self Pay Canadian <input type="checkbox"/> Self Pay Non-Canadian Provincial Medicare # exp date: _____	DOB: YYYY- MMM-DD	Sex	Medical Record Number (MRN)
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FAX # REQUIRED FOR OUT OF PROVINCE PHYSICIANS	Location
Copies to: FIRST & LAST NAME	

Time and Date of Procedure HH:MM YYYY/MM/DD	Fixative <input type="checkbox"/> Formalin <input type="checkbox"/> Alcohol <input type="checkbox"/> Fresh <input type="checkbox"/> Saline
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Procedure	Cold Ischemic Time (Breast Specimens and Renal Biopsies)
Note: For bone marrow cytogenetics or flow cytometry , proper specimen handling and completion of appropriate requisitions is required.	Time removed from patient: _____
	Time placed in formalin: _____

LIST TISSUES SUBMITTED WITH EXACT ANATOMICAL SITE	CLINICAL FINDINGS
A	
B	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	

PHYSICIAN (PLEASE PRINT): FIRST & LAST NAME	PHYSICIAN'S SIGNATURE (REQUIRED):
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