

Copy of results to:

LABORATORY REQUEST **HISTOLOGY**

			Patient Demographic Information			
island health		ORY REQUEST	Name			
isianu neatu			MRN			
This form when completed constitutes a referral to VIHA laboratory physicians.			Encounter			
ORDERING PHYSICIAN	Last name, First name		Birthdate (dd/mmm/yyyy)	GENDER		
MSP PRACTITIONER#			PHN			
	Last name, First name	MSP#	Location / Address			
Copy of results to:	Last name, First name	MSP#				

	Last name, First name	MSP#	PHYSICIAN SIGNATURE:				
Relevant History and Clinical Diagnosis:							
Date Collected: dd/mmm/yyyy		С	ollected By: (print)				
Exact Site and Type of Sample: ** Fix Histology Samples in 10				0% Formalin OR Use Only			
Sample				Time Collected	Signature		
1				☐ Stat IOC			
2				☐ Stat IOC			
3				☐ Stat IOC			
4				☐ Stat IOC			
5				☐ Stat IOC			
6				☐ Stat IOC			
Total number of samples submitted for Histology:							
	If more than 6 samples, please use an additional requisition and submit all samples and requisitions together.						

Unfixed tissue should be sent STAT to Pathology with an IOC requisition, in addition to being documented on this Laboratory Request.