North Bay Regional Health Centre

Laboratory - Histology
Tissue Requisition

Submitting Health Care Provider (First & Last Names and CPSO #):		Location (check one):	For lab use only:
Copies to (First & Last Names and CPSO #): 1.		☐ Endoscopy ☐ ACU ☐ OR ☐ Birthing Unit ☐ Ophthalmology ☐ Diagnostic Imaging ☐ Emergency Room ☐ HCP Office ☐ Other:	
2.			
3.			
Date & Time of Collection:	Username (Nurse):		Received time:
OR Room & Ext. (if Intra-operative Consult requested):			Result called time:

#	Anatomic Source	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@_____	

Health Care Provider Signature: ______________________________