ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Requisition Requirements – Anatomical Pathology
Patient, Provider, Collection Fragment

Scanning Label or Accession # *(lab only)*

Patient

PHN **12345-6789**	Expiry:	Date of Birth *(dd-Mon-yyyy)* **01 APR 2004**		
Legal Last Name **Sample**		Legal First Name **William**	Middle Name **George**	
Alternate Identifier	Preferred Name	☒ Male ☐ Female ☐ Non-binary ☐ Prefer not to disclose		Phone **xxx-xxx-xxxx**
Address **111 My Avenue**		City/Town **Edmonton**	Prov **AB**	Postal Code **T2T 2T2**

Provider(s)

Authorizing Provider Name *(last, first, middle)* **Example, Doctor S**		Copy to Name *(last, first, middle)* **Example, Copy Provider**	Copy to Name *(last, first, middle)*
Address **1234 211 St, Edm, AB T3T 3T3**	Phone **xxx-xxx-xxxx**	Address **4567 89 Ave EDM, AB T5T 5T5**	Address
CC Provider ID **numeric digits** / CC Submitter ID **numeric digits**	Legacy ID **Non CC Sites**	Phone **xxx-xxx-xxxx**	Phone
Clinic Name **Family Medicine Clinic**		Clinic Name **Associated Medical Clinic**	Clinic Name

Collection

	Date *(dd-Mon-yyyy)*	Tissue Removed by *(Last, First Name)*	Date/Time Received *Lab use only*
Location/ Code/ Address (for report)		Collector ID	Phone	Fax

If other than routine: ☐ **Priority** *(clinical reason required – indicate below under "Clinical Information/History")*
For STAT/Critical cases, contact Pathologist directly

Required Provider Information Fields

Authorizing Provider: The provider ordering the test and acting on the test result.

Connect Care (CC) Provider ID: Unique ID assigned to the provider. This ID does not change when providers practice at more than one location.

Connect Care (CC) Submitter ID: Unique ID for the location or clinic and is used to route reports.

Copy To Provider(s)

Complete Name, Address and Clinic Name will assist in selecting the correct provider.

Patient Information Fields

PHN Expiry Date: Required for patients with out-of-province healthcare insurance (if applicable).

Alternate Identifier: Unique ID (ULI, MRN, government issued ID, etc.).

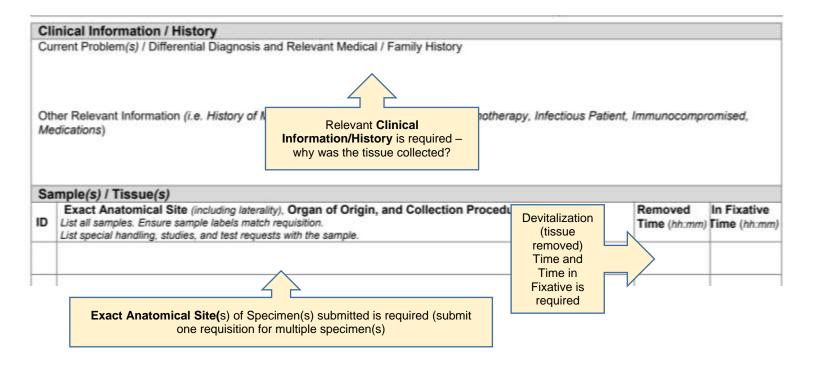**Preferred Name:** Use if the preferred name differs from legal name.

Gender: "Non-binary" and **"Prefer not to disclose"** provide choices of response other than "male" or "female".

Legacy ID

- Legacy provider ID assists non-Connect Care sites with accurate provider selection for report delivery.
- Millennium provider IDs are generally 6-8 digits in length and may have an alpha character at the end (eg. 021130B)
- Meditech does not use codes. Only a complete and clearly legible provider first and last name and address, is required in the Provider section. Leave Legacy ID section blank.

Information required for appropriate handling, processing and reporting:

Clinical Information / History

Current Problem(s) / Differential Diagnosis and Relevant Medical / Family History

Other Relevant Information (i.e. History of M...otherapy, Infectious Patient, Immunocompromised, Medications)

> Relevant **Clinical Information/History** is required – why was the tissue collected?

Sample(s) / Tissue(s)

ID	Exact Anatomical Site (including laterality), Organ of Origin, and Collection Procedu...	Removed Time (hh:mm)	In Fixative Time (hh:mm)
	List all samples. Ensure sample labels match requisition. List special handling, studies, and test requests with the sample.		

> Devitalization (tissue removed) Time and Time in Fixative is required

> **Exact Anatomical Site(**s) of Specimen(s) submitted is required (submit one requisition for multiple specimen(s)

> **Note: Patient's full first and last name, PHN (or second unique identifier) and body site (Specimens Submitted/Exact Sites) must match exactly on requisition and specimen**

Benefits of providing COMPLETE AND LEGIBLE information:
- ✓ Promotes patient safety through reduced transcription errors
- ✓ Ensures samples are processed for the correct patient and results are sent to the correct provider
- ✓ Reduces turnaround time when processing patient samples