

Priority: Stat Routine



Ivany Hospital
80 Mawioami Place, Dartmouth NS
Medical Laboratory Technology Program

Accession #

<u>Patient Name:</u>
<u>DOB:</u>
<u>HCN/MRN:</u>
<u>Physician:</u>
<u>Collected on:</u>

HISTOTECHNOLOGY LABORATORY REQUISITION

Specimen site:

Time put in fixative:

- 10% NBF Other fixative (_____)
- No fixative

Diagnosis/Pt history:

- H&E only Add levels x _____
- Masson's PAS/PAS-D VvG AFB Gram IHC _____
- Alcian blue (pH 2.5) Reticulin Oil Red O Perls GMS other _____

Gross Description

Tissue type:

Color:

Size: _____ x _____ x _____ cm

Shape/configuration:

Consistency:

Texture:

Pattern/architecture:

Other / embedding instructions:

Cassette #	# of pieces submitted

- Submitted in toto Representative tissue

Grossing tech initial _____

Date Format: YYYY-MM-DD

Fixation assessment:

Cold ischemic time: _____

Fixative:tissue ratio sufficient? Y / N

If NBF added, record date/time and initials: _____

Opening required? Y / N

Date/time of opening and initials: _____