



Children's Hospital of Eastern Ontario
Centre hospitalier pour enfants de l'est l'Ontario

Anatomical Pathology

401 Smyth Road
Ottawa, Ontario
K1H 8L1
(613) 737-7600 ext. 2241

DATE:

UNIT # (3 initials):

BIRTH DATE: DAY: MONTH: YEAR:

SURNAME: GIVEN NAMES AND INITIALS

STREET ADDRESS:

CITY AND PROVINCE: TELEPHONE NUMBER:

NEXT OF KIN: OHIP NUMBER: SUB INITIALS:

Surgical Pathology Requisition

Pathology Number: _____

Anatomical Site/Specimen Type

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Physician (print name):

Copy to :

Copy to :

Specimen Collection

LOCATION : _____

DATE : _____ TIME : _____
(dd/mm/yy)

CLINICAL HISTORY :

PHYSICIAN SIGNATURE

According to the Public Hospital's Act R.R.O. 1990, Regulation 965, every order must be signed by a Physician (July 2008)

UPPER ENDOSCOPY BIOPSIES

LOWER ENDOSCOPY BIOPSIES

Duodenum

Terminal ileum

Duodenal cap

Ileocecal valve

Antrum

Cecum

Stomach

Ascending colon

Esophagus Distal

Hepatic flexure

Esophagus Mid

Transverse colon

Esophagus Proximal

Splenic flexure

Descending colon

Sigmoid colon

Rectum

FROZEN SECTION DIAGNOSIS: (For Pathology Use Only)