Hamilton Health Sciences | St. Joseph's Healthcare Hamilton | Hamilton Regional Laboratory Medicine Program

Electron Microscopy - Diagnostic EM Requisition

Requesting Hospital: ***(check appropriate)***

- ☐ McMaster University Medical Centre
- ☐ Hamilton General Hospital
- ☐ Juravinski Hospital
- ☐ St. Joseph's Healthcare
- ☐ Other _____

Request:

TEM: ☐ Block Only: ☐ SEM: ☐

Light Microscopy (Blue Only): ☐

Other: _____

Source of specimen: _____

Clinical History / Comments:

_____

H&E Enclosed: ☐ Yes ☐ No ☐ To Follow

Date Collected: _____ (dd/mm/yy) Time Fixed _____

Date Sent (dd/mm/yy) _____

Submitted In:

Glutaraldehyde: _____

Paraffin Block: _____

Patient Information:

Last Name:

First Name:

Date of Birth (dd/mm/yyyy)

Gender ☐ Male ☐ Female ☐ Other

Gender Identity:

Health Card Number Version

Province

Postal Code

Pathology/Surgical Number:

Ordering Pathologist / Provider:

Name: _____

Signature: _____

Assigned to EM Pathologist: _____

Additional Copies To:

Name: _____

EM Number:			-	**E**				

Nerve Fixative: _____

Other: _____

Forward specimen(s) and completed requisition to:
Electron Microscopy, MUMC Room 3N38, 1200 Main Street W., Hamilton, Ontario L8N 3Z5
Phone (905) 521-2100 x76689

FOR E.M. LAB USE ONLY: Date Received: _____ (dd/mm/yy) Time : _____ (hh:mm) By: _____ (initials)

Number Blocks _____ **Semithins 1 2 3 4 5 6 7 8 9 10** **Ultrathins 1 2 3 4 5 6 7 8 9 10**

Date (dd/mm/yy)	Procedure Code		Staff Initials			Number	Date (dd/mm/yy)	Procedure Code		Staff Initials			Number

Blues cut in Duplicate ☐

Number of Deeper cuts _____

Comments/Notes: