



**ADDRESSOGRAPH**

**Fax NOTIFICATION to HSC PATHOLOGY Dept  
for REQUESTING PATHOLOGY SERVICES**

Pathology Laboratory Health Sciences Centre  
MS 4 – 820 Sherbrook Street  
Winnipeg MB R3A 1R9  
Phone: 1-204-787-2036 Fax: 1-204-

**BREAST BIOPSIES PROCEDURE**

<b>This information to be completed by O.R. Staff and forwarded with specimen &amp; requisition to the Facility Lab</b>				
Completed by:	_____	Hospital:	_____	Ward: _____
Phone #:	_____	Family Surgeon/ Physician	_____	
Date /Time:	_____	Specimen:	_____	
			_____	
			_____	

<b>This information is to be completed by Lab and faxed to Pathology at HSC (1-204-945-6123 Lab will package and send out the specimen to HSC Pathology Department in Winnipeg.</b>	
<input type="checkbox"/> Sample arriving from RURAL FACILITY	
Carrier:	_____
Bus Bill #:	_____
Arrival Date & Time:	_____
Lab-Completed by:	_____
Date & Time of Completion:	_____
Phone #:	_____
Lab will file one copy in Lab for future reference. Lab will send one copy of this form when completed and after faxing to OR who will be responsible for any ongoing tracking of this specimen in this shipment.	

<b>FOR HSC PATHOLOGY DEPARTMENT ONLY</b>	
Comments: _____	
Received by: _____	Date / Time of receipt: _____

**This information is private and confidential. This transmission is intended only for the addressee. If you receive this transmission in error, please call Lab at Phone #: \_\_\_\_\_.**