REQUEST FOR BIOPSY

Grand River Hospital Medical Imaging Department
835 King Street West Kitchener, ON N2G 1G3

ALL INFORMATION PROVIDED IS FOR THE CARE OF THE PATIENT

Referring Physician

Procedure Requested

CRITICAL BOOKING INFORMATION- Incomplete information will result in request being returned-NO BOOKING

ORDERING PHYSICIAN OFFICE QUESTIONNAIRE:

PART A

1. Is the patient able to understand English and sign consent?
   - Yes
   - No. A family member or translator must accompany patient.

2. Are there any previous medical conditions that we should be aware of?
   - No
   - Yes. Specify:

3. Is this biopsy required for:
   - Organ Function+/or Disease Process. Must have complete clinical history for Pathology. No need to complete PART B
   - Mass. Must continue on to PART B
   - Drainage. If drainage, answer below. No need to complete PART B
     - Therapeutic
     - Diagnostic
     Specify required lab work:

PART B:

1. Relevant Prior Studies:
   - All non Grand River Hospital reports must be submitted with the request.
   - All non Grand River Hospital/St. Mary’s studies/films must be submitted prior to booking.

   - GRH studies
   - St. Mary’s studies
   - Other
   - None

   Specify: ______________________________

   Studies/films to be sent to GRH

ATT’N BIOPSY BOOKINGS

2. Was this biopsy recommended by a GRH Radiologist?
   - No
   - Yes

FOR GRAND RIVER HOSPITAL USE ONLY

Radiologist Reviewing: __________________________  Date:________________

Modality:  □ CT  □ US  □ Fluoro

Comments: ____________________________________________
_____________________________________________________