
Dept. of Pathology & Laboratory Medicine
Western University
(519) 661-2111 Ext.86402
FAX: (519) 850-2926
email: OPDS-UWO@uwo.ca

REQUEST FOR BIOPSY KITS

Please send _____ biopsy kits to: Dr. _____

Address: _____

You can also request your biopsy kits by email at OPDS-UWO@uwo.ca; by phone (519) 661 -2111 Ext. 86402; or by FAX: (519) 850-2926.

Price of biopsy kit is included in our biopsy charge of \$110.00.

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Dear Colleague,

Re: Labels for Biopsy Bottles & Filling out Requisitions

The Oral Pathology Diagnostic Service would appreciate your help:

- Write Clearly on Specimen Label/Sticker provided and Requisition
- Fill out patient demographics completely on Requisition
- Fill out Doctor information completely
- Fill out Lesion Site, History, Description & Clinical Diagnosis completely
- If you have patient's Health Card number, please include it
- Specimen label/sticker with Doctor and patient names are mandatory
- Place specimen label/sticker on small jar that holds the biopsy specimen
- Place specimen label sticker lengthwise on bottle, not covering the WHIMIS label

Thank you for your cooperation,

Oral Pathology Diagnostic Service

