Document History:

Title:	**Requesting Reagents and Supplies from Referral Pathology Laboratories**	**Site(s):**	**Shared Health Diagnostic Services All Pathology Sites**

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Section:	**Pathology**	**Subsection:**	**General**

Approved by: *(approval on file)*	Dr. G. Fischer	**Date:**	4-FEB-2025
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Details of Recent Revision

- Appendix 1: SH Pathology Supply Request Form – updated fax number for HSC Histology

1.0 PURPOSE

1.1 To outline the procedure for obtaining reagents and supplies from a Referral Pathology Laboratory.

2.0 DEFINITIONS

2.1 Sending Facility: the site collecting pathology specimens which are shipped to a SH Referral Pathology laboratory for processing.

2.2 Referral Laboratory (SH Pathology Receiving Site): the site receiving and processing specimens from the sending facility.

3.0 POLICY

3.1 Referral Pathology Laboratory will purchase reagents and supplies and ship these supplies via scheduled courier runs to sending facilities.

4.0 PROCEDURE

4.1 When reagents or supplies are required, complete Appendix 1 and fax to the appropriate Referral Pathology laboratory.

4.2 The Referral Pathology Laboratory will check their supplies to ensure they have adequate stock available to fill the order.

4.3 If sufficient supplies are available they will package and ship the requested reagents and supplies in a shipping container labeled **"reagents/supplies"** and include a photocopy of the request (Appendix 1) in the shipping container.

4.4 The container will be shipped on the next run to the sending facility.

4.4.1 Reagents that require refrigeration should be shipped in a separate cooler with frozen freezer packs wrapped in diapers to keep the reagents cool.

4.4.2 Temperature sensitive shipments may require a data logger in the shipment.

4.5 The Referral Pathology laboratory will keep a copy of the request for supplies for 2 months.

4.6 Upon receipt of reagents/supplies, the sending facility will date and initial the check box on the original order form to indicate supplies were received.

4.7 In situations where the Referral Pathology laboratory does not have sufficient stock to provide supplies for the sending facility, the Referral Pathology laboratory will phone the sending site to let them know if they can ship a portion of the requested order.

4.8 If they are unable to supply any portion of the request, the Referral Pathology laboratory will phone the sending facility and let them know when they can expect the supplies.

4.9 The Referral Pathology laboratory will ship the supplies as soon as they have sufficient stock and will retain all order requests for 2 months following appropriate TDG guidelines.

Appendix 1: SH Pathology Supply Request Form

Health Sciences Center	**Westman Laboratory**	**St. Boniface Hospital**
Fax (204) 787-4942 Histology Fax (204) 787-1790 Cytology	Fax (204) 578-2819	Fax (204) 237-2454

Circle the appropriate Referral Laboratory

Date Requested:_____ Time:_____

Requested by:_____

Date required:_____

Phone number:_____

Deliver to:

PLACE YOUR SITE ADDRESS LABEL HERE
Include room number, Fax number, and phone number

Description	Quantity ordered	Quantity issued	Date Shipped / Initial	Date Received / Initial	Comments
Slide folders: 1. Plastic- 5 slot mailers 2. Cardboard- 20 slide flap trays					
Stains or Reagents: 1. Eosin 2. Hematoxylin 3. Other: _____					
Electron Microscopy: Gluteraldehyde					
Cytology: <u>Non-Gynecological</u> 1. CytoLyt (30 mL collection cups)					
Other:					