

## Document History:

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

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| <b>Section:</b>    | <b>Pathology</b> | <b>Subsection:</b> | <b>General</b> |

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|--|----------------|------------------------|-------------|
| <b>Approved by:</b><br><i>(approval on file)</i> | Dr. G. Fischer | <b>Date:</b>           | 4-FEB-2025  |
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## Details of Recent Revision

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- Appendix 1: SH Pathology Supply Request Form – updated fax number for HSC Histology
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**DISCLAIMER:** Please be advised that printed versions of any policy, or policies posted on external web pages, may not be the most current version of the policy. Although we make every effort to ensure that all information is accurate and complete, policies are regularly under review and in the process of being amended and we cannot guarantee the accuracy of printed policies or policies on external web pages. At any given time, the most current version of any Shared Health Inc. policy will be deemed to apply. Users should verify that any policy is the most current policy before acting on it.

## 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**

|   |   |  |
|---|---|--|
| <p><b>Health Sciences Center</b><br/>Fax (204) 787-4942 Histology<br/>Fax (204) 787-1790 Cytology</p> | <p><b>Westman Laboratory</b><br/>Fax (204) 578-2819</p> | <p><b>St. Boniface Hospital</b><br/>Fax (204) 237-2454</p> |
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Circle the appropriate Referral Laboratory

Date Requested: \_\_\_\_\_ Time: \_\_\_\_\_

Deliver to:

Requested by: \_\_\_\_\_

PLACE YOUR SITE ADDRESS LABEL  
HERE

Date required: \_\_\_\_\_

Include room number, Fax number, and  
phone number

Phone number: \_\_\_\_\_

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