



ANATOMIC PATHOLOGY (AP) HANDBOOK

First Edition
2017



CEO's Message

*As is our pathology so is our practice...
what the pathologist thinks today, the physician does tomorrow.*

-- Sir William Osler, M.D.

Dear Doctor,

Thank you for your continued support to Parkway Laboratory Services.

We value the trust you have placed in us and fully understand the importance of the role of pathology in your practice. Our pathologists and cytotechnologists are cognisant of the importance of their interpretations and judgement which significantly influences and impacts overall patient care. Similarly we are well aware that the demands of your practice is constantly evolving and our Anatomic Pathology (AP) Department must continue to meet your needs.

At Parkway Laboratory Services, our commitment is to serve you with quality, accuracy, speed and service. With your practice in mind, we have crafted this handbook to guide you in engaging our services. This is our first edition handbook and we are in a constant journey to refine and improve – please let us know if you have any feedback.

As always, please call the AP hotline at +65 6933 0801 or WhatsApp the AP unit at +65 9179 9902 for any enquiries.

Thank you.

Yours Sincerely,

Dr Yong Chern Chet
Chief Executive Officer
Parkway Laboratory Services



ANATOMIC PATHOLOGY (AP) HANDBOOK

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1. What are the Operating Hours for Frozen Section (FS) Procedures?

Frozen Section Procedures Regular Operating Hours:

Monday to Friday:	0830hrs to 1700hrs
Saturday:	0800hrs to 1300hrs

Procedures out of regular operating hours are subject to additional charges specified in section 4

2. How do I Book for a Frozen Section (FS) Procedure?

STEP 1



63342387

Fax the completed Booking of Frozen Section (FS) Form to the AP unit **by the stipulated cut off times below.**

Please refer to the form under the Forms section from page 23.

STEP 2



Receive Confirmation

Within 30 minutes from receipt of your FS Form, AP staff will acknowledge your booking of FS Form and fax it to you.

The FS booking is **ONLY confirmed after it has been acknowledged** by the AP unit staff.



No Confirmation?
Call AP hotline at 6933 0801

If the FS procedure that you have booked, falls on the next working day and you have yet to receive an acknowledged copy of the Booking of FS form by the stipulated cut-off times, please follow-up with the AP unit by calling the AP hotline at 6933 0801. **Otherwise, the case will be considered an adhoc request.**

Stipulated Cut Off Times

FS procedure required on:	Your Booking of FS Form should be faxed to the AP Unit LATEST by:
Sunday or Monday	1230hrs on Saturday
Tuesday – Saturday	1630hrs the previous working day
Public Holiday	1630hrs the previous working day

When will my Booking be Considered an Adhoc Request?

- Cases that do not receive confirmation from AP Staff
- The FS procedure has not been confirmed by AP Staff although the Operating Theatre has already been booked for surgery

Adhoc requests will be accepted subject to the availability of the pathologists as priority will be given to confirmed cases. Only two pathologists are on out of regular operating hours. Hence, it is essential for FS cases to be booked in advance to avoid disappointment.

****NOTE: (1) An additional \$100 Adhoc Request charge will apply for all adhoc requests
(2) Booking of your preferred slots is subject to availability slots and the discretion of AP**

3. How do I Amend/Cancel a Frozen Section (FS) Procedure Booking?

DURING OFFICE HOURS

Monday to Friday	0830hrs to 1700hrs
Saturday	0800hrs to 1300hrs
Sunday & Public Holiday	Not available

STEP 1



Amend/complete the cancellation section of the original acknowledged Booking of Frozen Section (FS) Form

STEP 2



Fax the amended form to the AP unit at 6334 2387

STEP 3



Call AP hotline at 69330801 to follow up

****STIPULATED TIME FRAME**

Amendments must be done **at least 2 hours before** the time the Pathologist is required at the Operating Theatre as indicated on the original Booking of FS form.

If AP Unit is not informed of the amendment within the stipulated timeframe, an amendment/cancellation charge of \$100 will apply.

AFTER OFFICE HOURS

Monday to Friday	1701hrs to 0830hrs
Saturday	1301hrs onwards
Sunday & Public Holiday	0000hrs to 0830hrs the next working day



Call the Pathologist directly

The Operating Theatre staff will need to call the Pathologist directly to inform him/her of any anticipated delay. **If the Pathologist is not informed of the cancellation at least 2 hours before the time the Pathologist is required, the Pathologists' call back fee will apply (refer to Table 1).**

1. When are Cytotechnologists Available to Conduct Rapid On-Site Evaluation (ROSE)?

Rapid On-Site Evaluation (ROSE) Operating Hours:

Monday to Friday:	0800hrs to 1700hrs
Saturday:	0800hrs to 1300hrs

Procedures out of regular operating hours are subject to additional charges specified in section 4

2. How Do I Make a Rapid On-Site Evaluation (ROSE) Booking?

STEP 1



63342387

Fax the completed Booking of Rapid On-Site Evaluation (ROSE) Form to the AP unit **by the stipulated cut off times below.**

Please refer to the form under the Forms section from page 23.

STEP 2



Receive Confirmation

Within 30 minutes from receipt of your ROSE Form, AP staff will acknowledge your booking of ROSE Form and fax it to you.

The ROSE booking is **ONLY confirmed after it has been acknowledged** by the AP unit staff.



**No Confirmation?
Call AP hotline at 6933 0801**

If the ROSE procedure that you have booked, falls on the next working day and you have yet to receive an acknowledged copy of the Booking of ROSE Form by the stipulated cut-off times, please follow-up with the AP unit by calling the AP hotline at 6933 0801. **Otherwise, the case will be considered an adhoc request.**

When Will My Booking Be Considered An Adhoc Request?

- Cases that do not receive confirmation from AP Staff

Stipulated Cut Off Times

Rapid On-site Evaluation (ROSE) required on:	Booking of ROSE Form should be faxed to AP unit LATEST by:
Monday	1300hrs on Saturday
Tuesday – Saturday	1700hrs the previous working day

3. How Do I Amend/Cancel a Rapid On-Site Evaluation (ROSE) Booking?

STEP 1



Amend/complete the cancellation section of the original acknowledged Booking of Rapid On-Site Evaluation (ROSE) Form

STEP 2



Fax the form to the AP unit at 6334 2387

STEP 3



Call AP hotline at 6933 0801 to follow up

****STIPULATED TIME FRAME**

Cancellations must be done **at least 2 hours before** the time the Cytotechnologist is required as indicated on the original Booking of ROSE Form.

Amendments/cancellations not done within the stipulated timeframe will incur an Amendment/Cancellation charge of \$100 (before 7% GST). This includes cases where no sample was collected from the patient.

Urgent Histology Tests

Breast Mammotome,
Bronchus, Biopsy,
Cervix, Conization
Cervix, LEEP
Colon, Biopsy
Duodenum, Biopsy
Esophagus, Biopsy

Gastric w/wo Other Biopsies
Gastric w/wo Esophagus Biopsy
Polyp, Cervical/Endometrial
Polyp, Colorectal
Polyp, Stomach/Small Bowel

Small and Uncomplicated Specimens

Abscess
Adenoids
Aneurysm - Arterial/Ventricular-
Anus, Tag
Aorta
Aortic Valve
Appendix
Artery. Atheromatous Plaque
Bartholin's Gland Cyst
Brain, Biopsy
Branchial Cleft Cyst
Breast Biopsy,
Bursa
Cartilage, Shavings
Cerebellum
Cervix, Biopsy
Cholesteatoma
Conjunctiva, Biopsy
Cornea
Endocervix, Curettings/Biopsy
Endometrium, Curettings/Biopsy
Epididymis
Epiglottis
Eye, Enucleation
Fallopian Tubes
Fissure
Fistula
Foreskin
Gingiva/Oral Mucosa, Biopsy
Heart Valve
Hematoma
Hemorrhoids
Hernia Sac
Leiomyoma(s), Uterine Myomectomy
Nasal Mucosa, Biopsy
Nasopharynx/Oropharynx, Biopsy
Nerve, Biopsy
Neuroma - Morton's
Other Surgical Specimen
Odontogenic/Dental Cyst
Ovarian Cyst/Biopsy
Pancreas - Biopsy
Parathyroid Gland
Pericardium, Biopsy
Peritoneum, Biopsy
Pilonidal Cyst/Sinus
Pituitary Tumour
Pleura, Biopsy
Polyps, Nasal/Sinusoidal
Products of Conception
Pterygium
Rectal Biopsy
Rectal Polyp
Renal Pelvis
Salivary Gland
Scalp Biopsy
Sinus, Paranasal, Biopsy
Skin, Biopsy/Cyst/Tag
Synovium
Tendon/Tendon Sheath
Testis, Biopsy
Thrombus or Embolus
Thymus, Biopsy
Thyroglossal Duct Cyst
Tongue, Biopsy
Tonsil, Biopsy
Urinary Bladder, Transurethral Resection (TUR)
Ureter, Biopsy
Urethra, Biopsy
Vagina, Biopsy/Mucosa
Varicocele
Vas Deferens
Vein, Varicosity
Vulva, Biopsy

Medium and Complicated Specimens

Appendix
Bone Marrow, Biopsy
Bone, Biopsy/Curettings/Fracture
Breast, Reduction Mammoplasty
Brain, Biopsy/Resection
Breast Biopsy
Breast Trucut
Bursa
Cervix, Biopsy
Cervix
Cornea
Fingers/Toes, Amputation
Dupuytren's Contracture Tissue
Fallopian Tube, Ectopic Pregnancy
Endocervix, Curettings/Biopsy
Endometrium, Curettings/Biopsy
Eye, Enucleation
Leiomyoma(s), Uterine Myomectomy
Gallbladder
Hernia Sac
Joint, Loose Body
Lymph Node, Biopsy
Lip, Wedge Resection
Lipoma
Liver, Needle Biopsy
Liver, Wedge Biopsy
Ovarian Cyst/Biopsy
Lung, Transbronchial Biopsy
Lung, Wedge Biopsy
Mediastinum, Mass
Hydatid of Morgagni
Muscle, Biopsy
Myocardium, Biopsy
Nail
Odontogenic/Dental Cyst/Tumour
Omentum, Biopsy
Pancreas - Biopsy
Parathyroid Gland
Parotid
Penis, Biopsy
Peritoneum, Biopsy
Pituitary Tumour
Pleura, Biopsy
Pleura, Biopsy
Products of Conception
Prostate, Needle Biopsy
Rectal Biopsy
Renal Pelvis
Ovarian Cyst/Biopsy
Salivary Gland
Polyps, Nasal/Sinusoidal
Skin, Biopsy/Cyst/Tag
Small Intestine, Biopsy
Soft Tissue
Spleen
Synovium

Large or Complex Specimens

Adrenal Resection
Axillary Content
Bone Resection/Amputation
Brain/Meninges/Resection
Breast Mastectomy
Breast, Reduction Mammoplasty
Breast, Wide Excision
Cervix-LeepESH
Colon, Hemi-colon
Diverticulum, Esophagus
Esophagus, Total Resection
Extremity, Amputation
Eye, Enucleation
Ileum
Jejunum
Joint, Resection
Kidney, Part/Total Nephrectomy
Larynx, Partial/Total Resection
Leg
Leiomyoma(s), Uterine Myomectomy
Mediastinum, Mass
Omentum, Biopsy
Other Surgical Specimen
Pancreas - Total/Subtotal Resection-
Penis, Amputation
Placenta
Prostate, Radical Resection
Ovarian Cyst/Biopsy
Rectum
Skin, Biopsy/Cyst/Tag
Small Intestine, Biopsy/Resection-
Soft Tissue
Soft Tissue/Resection
Spleen
Prostate, TURP
Stomach, Partial Gastrectomy
Stomach, Total Gastrectomy
Testis, Biopsy/Tumour/Castration
Thymus, Thymectomy
Thyroid, Total/Lobe
Tonsils, Bilateral
Tonsils/Adenoids
Ureter, Resection
Urinary Bladder, Resection
Uterus, TH/Prolapse
Vulva - Total/Subtotal Resection
Whipple's Resection

1. How Can a Patient Request for Further Tests to be Performed on a Specimen Sent for Histo/Cytopathology Reporting?

STEP 1



Complete the “Request Form for Further Test”

Section 1: Request for further test

Section 2: Select payment option

STEP 2



Fax the completed form to 6334 2387

AP staff will respond and complete your request within 5 working days from receipt of your form. You will receive a call from the AP unit.

NOTE:

1. This applies to all requests for tests to be done in-house/DMOC/SGH/Overseas and does not include requests for a second opinion.
2. Incomplete requests will not be processed.
3. Further test requests indicated on the requisition form will not be accepted unless accompanied by the completed “Request Form for Further Test”.

2. How Can a Patient Request for Slides/Blocks to be Sent for a Second Opinion Locally/Overseas via Parkway Laboratory Services?

STEP 1



Complete the "Request Form for Pathology Material"

Section 1:

- Request for second opinion

Section 2:

- Specify institution/pathologist

Section 3:

- Select payment option

Consent Form:

- Complete Section C**

STEP 2



Fax the completed form to 6334 2387

AP staff will respond and complete your request within 5 working days from receipt of your form. You will receive a call from the AP unit.

NOTE:

1. **It is acceptable to leave the fields in the last three rows under Section C of the consent form (Representative's Name, Relationship to Patient, Representative's Signature and Date) blank. Should the case be sent to an external institution for a second opinion via Parkway Laboratory Services, our staff will make arrangements for the reviewing pathologist to fill up his/her details and the diagnosis. Our pathologists will also take note of the review diagnosis.
2. For a second opinion by a different pathologist within Parkway Laboratory Services, the "Request form for Pathology Material" will still need to be completed and faxed to 63342387.
 - Section 1:**
 - Request for second opinion
 - Section 2:**
 - Parkway Laboratory Services (Internal). Specify Pathologist.
 - Consent Form:**
 - Section C**
3. Incomplete forms will not be processed.

3. What Are the Options Available for Patients who Prefer to Retain or Send the Slides/Blocks for Further Tests or Second Opinion on their Own?

Releasing the original set of slides and the block for purchase entirely is subject to approval by the Pathologist and/or the Medical Director.

PURCHASE RECUT SLIDES

Further tests may be performed on slides recut from the block with the patient's tissue. Such recut slides may be purchased.

STEP 1



Fill up the 'Request Form for Pathology Material' and the Consent Form.

Section 1:

Request for Pathology Slides (re-cut of slides). State the required number of stained/unstained slides.

Section 3:

Select payment option
 Remarks: Indicate how the slides are going to be collected/the clinic delivery location.

Consent Form:

Complete Section B

STEP 2



Our Histotechnologists will advise you whether there is sufficient lesional tissue present in the block for a recut to be truly representative of the actual lesion.

LOAN THE BLOCK

Technicians from the receiving institution can recut slides from the loaned block to perform further tests.

STEP 1

Fill up the
'Request form for Pathology Material'
and the Consent Form

Section 1:

- Request for loan of original block

Section 3:

- Select payment option
- Remarks: Indicate how the slides are going to be collected/the clinic delivery location.

Consent Form:

- Section C**

STEP 2

Fax the completed form
to 6334 2387

AP staff will respond and complete your request within 5 working days from receipt of your form. You will receive a call from the AP unit.

****NOTE:**

If you are not sending the case for a second opinion, it is acceptable to leave the fields in the last three rows under Section C of the consent form (Representative's Name, Relationship to Patient, Representative's Signature and Date) blank.

LOAN THE ORIGINAL SET OF SLIDES

The original set of slides read by our pathologist can be loaned for it to be read by a reviewing pathologist in the event that a recut may not be adequate.

STEP 1

Fill up the 'Request form for Pathology Material' and the 'Letter Of Release & Discharge Upon Receipt Of Original Pathology Slides and/or Other Pathology Materials'.

Section 1:

Request for loan of original slides

Section 3:

Select payment option

Remarks: Indicate how the slides are going to be collected/the clinic delivery location.

Letter Of Release & Discharge Upon Receipt Of Original Pathology Slides and/or Other Pathology Materials:** Complete the form

STEP 2

Fax the completed form to 6334 2387

AP staff will respond and complete your request within 5 working days from receipt of your form. You will receive a call from the AP unit.

NOTE:

**Upon release of the original slides/blocks, Parkway Laboratory Services will no longer have any pathology material belonging to the case for further tests or any other laboratory services.

4. How Can A Patient Request for the Remaining Wet Specimen?

The release of wet specimens is subject to approval by the pathologist.

STEP 1



Complete the
'Request form for Histopathology Wet
Specimen'

STEP 2



Fax the completed form
to 6334 2387

AP staff will respond and complete your request within 5 working days from receipt of your form. You will receive a call from the AP unit.

5. How Can a Clinic or Patient Obtain an Additional Copy of the Report?

Requests for the release of Histopathology or Cytopathology reports to any other clinician apart from those stated on the request form will not be processed by Parkway Laboratory Services. Clinicians are advised to obtain a copy of the report from the Primary Physician. The same applies for the release of reports to patients.

However, if the Primary Physician is unable to forward a copy to the patient or another clinician, the Primary/Ordering Physician is required to fax the 'Request Form for Pathology Report' to 63342387 to enable Parkway Laboratory Services to dispatch the additional copy of the report to the clinic or patient.



Facility (pls tick): GEH MEH MNH PEH

Department: _____

BOOKING OF FROZEN SECTION FORM

Date: _____

Please fill in this form and fax to :

Pathologist-in-charge (MEH, PEH, GEH & MNH)

Fax: 6334 2387

Section 1: Request by Clinician for Booking of Frozen Section

Name & NRIC of Patient: _____

Name of Procedure: _____

Date & Time of Surgery: _____

Facility: MEH / MNH / GEH / PEH

Time Pathologist need in OT: _____

Clinical Summary: _____

Will FS diagnosis impact surgical procedure: YES / NO

Need to communicate with Pathologist: YES / NO

Other Comments / Requests: _____

Name and Signature of Surgeon: _____

Clinic and Staff Name: _____

Phone No: _____

Fax No: _____

Please take note for booking:

- 1. Office Hours:**
 - Mon to Fri: 0800 to 1700
 - Sat: 0800 to 1300
- 2. After Office Hours:**
 - Mon to Fri: 1701 to 0759 the next day
 - Sat: 1301 to 0759 the next day
 - Sun: 0800 to 0759 the next day
- 3. Cut of Time for Booking:**
 - Mon: 1300 on Sat
 - Tue to Sat: 1700 the day before
 - Sun/PH: 1300 on Sat
- 4. Unbooked/ Unplanned Frozen Section:**
 - A \$107 service charge applies

Section 2: Cancellation of Frozen Section Booking

Name & Signature of Clinic Staff: _____

Date & Time of FS Cancellation: _____

Please take note for cancellation:

- 1. Office Hours:**
 - Clinic staff to complete Section 2 of this form and fax it back to PLS
- 2. After Office Hours:**
 - OT staff to assist by calling Pathologist-on-Duty.
- 3. Cut of Time for Cancellation:**
 - 2 hours before original booked time
 - Failure to cancel/amend will result in a service charge of \$107.

Section 3: For Parkway Laboratory Services Use Only

Received and acknowledged.

Faxed back to clinic on: _____

Facility (pls tick): GEH MEH MNH PEH

Department: _____

BOOKING OF RAPID ON SITE EVALUATION (ROSE) FORM

Date: _____

Please fill in this form and fax to :

Pathologist-in-charge (MEH, PEH, GEH & MNH)

Fax: 6334 2387

Section 1: Request by Clinician for Booking of ROSE

Name & NRIC of Patient: _____

Name of Procedure: _____

Date & Time of Surgery: _____

Facility: MEH / MNH / GEH / PEH

Time Cytotechnologist need in to be present: _____

Clinical Summary: _____

Will ROSE impact surgical procedure: YES / NO

Need to communicate with Pathologist: YES / NO

Other Comments / Requests: _____

Name and Signature of Surgeon: _____

Clinic and Staff Name: _____

Phone No: _____

Fax No: _____

Please take note for booking:

1. Office Hours:

- Mon to Fri: 0800 to 1700
- Sat: 0800 to 1300

2. After Office Hours:

- ROSE service not applicable

3. Cut of Time for Booking:

- Mon: 1300 on Sat
- Tue to Sat: 1700 the day before

4. Unbooked/ Unplanned ROSE:

- A \$107 service charge applies

Section 2: Cancellation of ROSE Booking

Name & Signature of Clinic Staff: _____

Date & Time of ROSE Cancellation: _____

Please take note for cancellation:

1. Office Hours:

- Clinic staff to complete Section 2 of this form and fax it back to PLS

2. After Office Hours:

- ROSE service not applicable

3. Cut of Time for Cancellation:

- 2 hours before original booked time
- Failure to cancel/amend will result in a service charge of \$107.

Section 3: For Parkway Laboratory Services Use Only

Received and acknowledged.

Faxed back to clinic on: _____

Facility (pls tick): ARC GEH MEH MNH PEH NOL

Department: _____

REQUEST FORM FOR FURTHER TEST

Please fill in this form and fax to :

Date: _____

Pathologist-in-charge (MEH, PEH, GHL & MNH)

Fax: 6334 2387

Section 1: Clinician's Authorization

Request for pathology slides for further tests

Name of Patient: _____

Accession No (stated on PLS report): _____

Test Requested: _____

This case is to be sent to: (Please specify institution/pathologist):

- Parkway Laboratory Services (Internal)
- National University Hospital
- Singapore General Hospital
- Overseas
- Others: _____ (Please specify)

Name of Clinician:

Signature of Clinician:

Clinic Staff Name/ Contact No:

Section 2: Mode of Payment

Please select one option:

- Patient to pay and collect at:

Laboratory Services

- Level 1, Mount Elizabeth Novena Hospital
- Level 2, Mount Elizabeth Medical Centre
- Ground floor, Gleneagles Medical Centre
- #03-33 Annexe Block, Gleneagles Hospital
- JB Laboratory

Patient's/Representative's Name & Contact No:

- Bill clinic
- Bill patient who is still in the ward

Section 3: For Parkway Laboratory Services Use Only

- Purchase of slides
Quantity: _____ (stained/unstained)
Slides to be cut from Block: _____
- Loan of slides/blocks (delete accordingly)
Quantity :
- Remarks:

Section 4: Billing (For PLS use only)

- Charged in SAP
- Accession Number
- CDM Code

Payment reference number MRN- _____
7015- _____

Facility (pls tick): ARC GEH MEH MNH PEH NOL

Department: _____

REQUEST FORM FOR PATHOLOGY MATERIAL

Please fill in this form and fax to :

Date: _____

Pathologist-in-charge (MEH, PEH, GEH & MNH)

Fax: **63342387**

Section 1: Clinician's Authorization

Name of Patient: _____

Accession No (stated on PLS report): _____

Name of Clinician: _____

Signature of Clinician: _____

Staff Name/ Contact No: _____

Please select one option:

- Request for pathology slides (re-cut of slides)
No of stained/unstained slides required : ____
- Request for loan of original pathology slides
- Request for loan of original pathology blocks
- Purchase of original pathology slides/blocks
- Request for second opinion (Proceed to **Section 2**)

Section 2: Request for Second Opinion

This case is to be sent to: (Please specify institution/pathologist):

- Overseas
- Parkway Laboratory Services (Internal)
- National University Hospital
- Singapore General Hospital
- Others: _____ (Please specify)

Section 3: Mode of Payment

Please select one option:

- Patient to make payment at:
Laboratory Services
 - Level 1, Mount Elizabeth Novena Hospital
 - Level 2, Mount Elizabeth Medical Centre
 - Ground floor, Gleneagles Medical Centre
 - #03-33 Annexe Block, Gleneagles Hospital
 - JB Laboratory

Patient's/Representative's Name & Contact No:

- Bill clinic
- Bill patient who is still in the ward

Remarks: [For loan/purchase of re-cut slides/original slides and blocks only]

- Patient to collect slides/blocks at Level 1, Mount Elizabeth Novena Hospital
- Slides and/or Blocks to be despatched to the following address:

Section 4: For Parkway Laboratory Services Use Only

- Purchase of slides
Quantity: ____ (stained/unstained)
Slides to be cut from Block: _____
- Loan of slides/blocks (delete accordingly)
Quantity :
- Remarks

Section 5: Billing (For PLS use only)

- Charged in SAP
- Accession Number
- CDM Code

Payment reference number MRN-_____
7015-_____

Facility (pls tick): ARC GEH MEH MNH PEH NOL

Department: _____

REQUEST FORM FOR PATHOLOGY REPORT

Please fill in this form and fax to :

Date: _____

Pathologist-in-charge (MEH, PEH, GEH & MNH)

Fax: **6334 2387**

I _____ (patient's name), NRIC/ Passport No. _____
 hereby request for an additional copy of the pathology report, Lab No. _____ of the biopsy performed
 by Dr _____ (Primary Consultant) on __/__/__.

This report is:

- To be forwarded to Dr _____ to be reviewed.
- For my own reference.

Primary Consultant's signature and Clinic Stamp: _____

Patient's Signature: _____

Representative's Name: _____

(Relationship to Patient: _____)

Representative's Signature: _____

Date: __/__/__.



Facility (pls tick): ARC GEH MEH MNH PEH NOL

Department: _____

LETTER OF RELEASE & DISCHARGE UPON RECEIPT OF ORIGINAL PATHOLOGY SLIDES AND/OR OTHER PATHOLOGY MATERIALS

To: **Parkway Laboratory Services Ltd**
(Company Registration No. 198302251E)

I hereby confirm the receipt from the Pathology Department, parkway Laboratory Services Ltd at *Gleneagles Hospital/Mount Elizabeth Orchard/ Mount Elizabeth Novena/ Parkway East Hospital (*delete accordingly) of the following ORIGINAL pathology slides and/or other pathology materials for

Lab Report No. _____

Patient's Name: _____

NRIC/PP/Ref No: _____

(the "**Pathology Materials**")

I confirm that the Pathology Materials have been released to me at my request. I understand that upon the release of the Pathology Materials to me, Parkway Laboratory Services Ltd will have no more tissue material(s) pertaining to the biopsy that was performed by Dr _____ on _____ (the 'Biopsy') which can be made available to me or any other person(s) for future laboratory service, tests or whatsoever.

In consideration of the release of the Pathology Materials by Parkway Laboratory Services Ltd to me, I hereby unconditionally and irrevocably discharge and release parkway Laboratory Services Ltd, its related companies and/or pathologists from all claims, actions, demands, liabilities of whatsoever kind or nature, in law or in equity or otherwise, present or future, that I may have had or in future have against Parkway Laboratory Services Ltd and/or its related companies and/or its pathologists in relation to or arising from the Biopsy, the Pathology Materials(collectively, the "Pathology Services")and do fully and unconditionally, waive and renounce all my rights and interests which I may have over, or be entitled to in respect of the Pathology Services.

I confirm that I have sought and/or advised by Parkway Laboratory Services to seek my own independent legal advice in relation to this matter and have signed this letter after I have fully understood the contents.

Patient's Name and Signature: _____

Representative's Name and Signature: _____

NRIC/Passport No: _____

Contact No: _____

Witness's Name and Signature: _____

Date: _____

Facility (pls tick): ARC GEH MEH MNH PEH NOL

Department: _____

CONSENT FORM

Section A: Patient's Consent for Further Test(s)

I, _____ (patient's name),
NRIC/PP No _____ hereby request to perform the test mentioned above, on the biopsy done by
Dr _____ on __/__/__. (PLS Lab Report Number: _____)

Patient's Signature: _____

Representative's Name: _____ (Relationship to Patient: _____)

Representative's Signature: _____

Date: __/__/__.

Section B: Patient's Consent for Re-cut Slide Release

I, _____ (patient's name), NRIC/PP No _____ hereby
request for re-cut slides of biopsy, PLS Report Lab. No _____, which was performed by Dr
_____ on __/__/__.

Patient's Signature: _____

Representative's Name: _____ (Relationship to Patient: _____)

Representative's Signature: _____

Date: __/__/__.

Section C: Patient's Consent For Loan of Original Slides/Blocks

I, _____ (patient's name),
NRIC/PP No _____ hereby request to loan pathology slides/blocks of biopsy,
PLS Report Lab. No _____, which was performed by
Dr _____ on __/__/__.

I undertake the responsibility to return the loaned slides/blocks on completion of review (by __/__/__)

Patient's Signature: _____

Representative's Name: _____ (Relationship to Patient: _____)

Representative's Signature: _____

Date: __/__/__.



Facility (pls tick): ARC GEH MEH MNH PEH NOL

Department: _____

REQUEST FOR HISTOPATHOLOGY WET SPECIMEN

Please fill in this form and fax to :
 Pathologist-in-charge (MEH, PEH, GEH & MNH)

Date: _____
 Fax: **6334 2387**

Section 1: Request by Patient

I _____ (patient's name),
 NRIC/ Passport No. _____ hereby request for histopathology wet
 specimen of the biopsy, Lab No. _____ performed by
 Dr _____ on __/__/__.

Patient's Signature: _____

Representative's Name: _____

(Relationship to Patient: _____)

Representative's Signature: _____

Date: __/__/__.

Please take note for
 booking:

Release of histopathology
 wet specimens is subject
 to Pathologist's approval.

Section 2: For Parkway Laboratory Services Use Only

Lab No. : _____

Wet Specimen Collected / Sent On: __/__/__.

Wet Specimen Collected By: _____ (Name, NRIC/Passport No, Signature)

Remarks: _____

