



## Molecular Diagnostics Test (Solid Tumour) Requisition Form

### TST-15 Solid Tumour NGS Panel – UHN

(includes *AKT1, BRAF, EGFR, ERBB2, FOXL2, GNA11, GNAQ, KIT, KRAS, MET, NRAS, PDGFR, PIK3CA, RET, TP53*)

#### Patient Information

Patient Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
DD / MM / YYYY

Health Card (PHIN) # \_\_\_\_\_ CancerCare CR # \_\_\_\_\_ Sex  Male  Female

#### Clinical Diagnosis / Reason for Referral:

Diagnosis \_\_\_\_\_

Lab Surgical Specimen #: \_\_\_\_\_

Date of Procedure \_\_\_\_\_  
DD / MM / YYYY

#### Ordering Physician Information

Name \_\_\_\_\_

Institution \_\_\_\_\_ CancerCare Manitoba \_\_\_\_\_

Address \_\_\_\_\_ 675 McDermot Avenue, Winnipeg, MB R3E 0V9 \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ 204-786-0631 \_\_\_\_\_

#### Pathology Information – For block returns and copy of report

Index Pathologist Name \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province MB Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Copy to: Fax \_\_\_\_\_

#### Signature

Staff Ordering (PRINT) \_\_\_\_\_

Signature \_\_\_\_\_

Date Ordered \_\_\_\_\_  
DD / MM / YYYY

Fax to DSM Client Services:  
204-940-2519

Contact Information:  
DSM Client Services  
Kris Ryan – Tel: 204-926-1402  
Julie Bruce – Tel: 204-926-1417

#### DSM Lab Use Only - Specimen Information

FFPE Tissue (Block) – PREFERRED Block No. \_\_\_\_\_

Slides No. \_\_\_\_\_ / thickness \_\_\_\_\_

Include one of:

Surgical resection  Endoscopic biopsy

Fine Needle aspirate  Core needle biopsy

Surgical biopsy  Other \_\_\_\_\_

Pathology report included  Yes

#### Single Gene Testing

If 5% cellularity is present, a single gene panel can be tested. Select one:

EGFR

BRAF