For PDF Fillable Requisitions, the following applies:

1. The form shall be completed using a Digital Health assigned computer.
2. Absolutely no personal health information shall be electronically saved on a computer.
3. The completed form shall not be shared electronically. If you reasonably believe that e-mailing the information is the only available method of communication or the only way to send the information then you must adhere to the Privacy guideline titled "E-mailing Personal Health Information".
4. All forms must be completed in their entirety, e.g. if a staff member has only completed half of a form they cannot save their work and then come back to complete it at a later date.
5. Once the personal health information has been recorded onto the form, it is to be printed immediately, deleted (not saved) from the computer, and then stored securely inside the client (paper) health record or scanned into an electronic record.
6. Do not print unnecessary duplicate copies of the form.
7. Regular audits of the Digital Health assigned computer shall be undertaken to ensure that no personal health information is being duplicated and saved.

KR-001 MOLECULAR PATHOLOGY TEST REQUISITION FORM

Delphic Label

Acceptance Policy 10-50-03: Requirements for Test Requisitions 2.1 - Fields marked with * are mandatory and must be clearly legible or can result in specimen rejection

*****Please Complete the Information Below. Print Clearly. Check Appropriate Profile*****

CCMB to complete and FAX to Client Services: 204-940-2519	
*Provider Last & Full First Name:	Billing Code:
*Facility Name & Address:	
Phone Number:	Fax No:
Physician Signature:	
CCMB CR# _____	

CCMB Fax @ 204-786-0631

CCMB to Complete: Patient Information

*Last/First Name: (per Health Card)

* Date of Birth (dd/mm/yyyy)

*Sex: □ Female □ Male

*PHIN:

Specify if other province/ DND)

MRN:

Encounter Number:

Patient Phone No:

Patient Address:

Test Name	**Testing Site**	**LIS Code**	**IHC Test Name** (in-house)	**Testing Site**	**LIS Code**
☐ Q31 HotSpot Tumour Panel	SH	**Q31**	☐ PD-L1 send out	Dynacare	**PDLS0**
☐ ALK	SH	**ALKA**	☐ PD-L1 Head and Neck	SH	**PDLHN**
☐ NTRK	Lifelabs	**NTRK**	☐ PD-L1 Lung	SH	**PDL1 AW**
			☐ Triple Negative Breast-PD-L1	Dynacare	**TNBC**
☐ *EGFR* p.T790M mutation only (Circulating tumor DNA)	UHN	**EGFR**	☐ Her2 IHC	SH	**HR2**
☐ Mismatch Repair (MMR IHC)	SH	**MMR**	☐ Estrogen Receptor - Breast Ca	SH	**ERV AT**
☐ MSI Testing	SH	**MSIP**	☐ Progesterone Receptor - Breast Ca	SH	**PRV AT**
☐ BRAF V600E IHC	SH	**BRAF AR**	☐ BRCA 1/2 Somatic	SH	**BRCA**
☐ FoundationOne	Foundation Medicine (USA)	**N/A**	☐ OncoType DX (breast ca)	Genomic	**ONDX**
☐ Other:			☐ Ki-67	SH	**Ki-67**

Pathology Case #:		Diagnosis:	
Gene of Interest:		Stage:	
Previous Testing:		Date Requested:	
***Indication for testing**:			

LAB Use Only

Index Pathologist Name:

Pathology Site: ☐ HSC ☐ GGH ☐ SBH ☐ Westman Lab ☐ Dynacare ☐ Other: _____

Selected Block ID: _____

Q31 Hotspot SAMPLE

☐ Formalin-fixed paraffin-embedded tissue punch: _____

% Tumour Cellularity: _____

% Necrosis: _____

☐ Send for Secondary Assessment _____

Sample Harvested by: _____ Date: _____

Comments:

Shared health Soins communs Manitoba