

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		CCMB to Complete: Patient Information	
*Provider Last & Full First Name:		Billing Code:	
*Facility Name & Address:		* Date of Birth (dd/mm/yyyy)	
Phone Number:		*Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Fax No:		*PHIN: Specify if other province/ DND)	
Physician Signature:		MRN:	
CCMB CR# _____		Encounter Number:	
CCMB Fax @ 204-786-0631		Patient Phone No:	
		Patient Address:	

Test Name	Testing Site	LIS Code	IHC Test Name (in-house)	Testing Site	LIS Code
<input type="checkbox"/> Q31 HotSpot Tumour Panel (CRC, Melanoma, NSCLC)	SH	Q31	<input type="checkbox"/> BRAF V600E IHC	SH	BRAPP
<input type="checkbox"/> OncoType DX (breast ca)	Genomic Health	ONDX	<input type="checkbox"/> PD-L1 IHC (22C3) - Lung Ca	SH	PDLR
<input type="checkbox"/> EGFR p.T790M mutation only (Circulating tumor DNA)	UHN	EGFR sendout	<input type="checkbox"/> ALK IHC (5A4) - Lung Ca	SH	ALKA
			<input type="checkbox"/> PD-L1 (22C3)/ALK (5A4) IHC - Lung Ca	SH	PDLA
<input type="checkbox"/> MSI Testing	SH	MSI	<input type="checkbox"/> HER2 IHC - Esophagogastric Ca	SH	HER2 4B5
<input type="checkbox"/> NTRK	Lifelabs	NTRK	<input type="checkbox"/> Estrogen Receptor - Breast Ca	SH	ER SP1
<input type="checkbox"/> BRCA 1/2 Somatic	UHN /SH	BRCA	<input type="checkbox"/> Progesterone Receptor - Breast Ca	SH	PR
<input type="checkbox"/> PD-L1 (SP142) TNBC Breast Ca	SK	TNBC	<input type="checkbox"/> HER2 IHC - Breast Ca	SH	HER2 4B5
<input type="checkbox"/> FoundationOne	Foundation Medicine (USA)	N/A	<input type="checkbox"/> Mismatch Repair (MMR IHC)	SH	MMR
			<input type="checkbox"/> ROS-1 IHC	SH	ROS1
Pathology Case #:			Diagnosis:		
Gene of Interest:			Cancer Type & Stage:		
Previous Testing:			Date Requested:		

Other Tests (please specify): _____

LAB Use Only

Index Pathologist Name:	Q31 Hotspot SAMPLE
Pathology Site: <input type="checkbox"/> HSC <input type="checkbox"/> GGH <input type="checkbox"/> SBH <input type="checkbox"/> Westman Lab <input type="checkbox"/> Dynacare <input type="checkbox"/> Other: _____	<input type="checkbox"/> Formalin-fixed paraffin-embedded tissue punch: _____ <input type="checkbox"/> Scrolls: _____ <input type="checkbox"/> Other: _____
Selected Block ID: _____	% Tumour Cellularity: _____ % Necrosis: _____

Sample Harvested by: _____ Date: _____

Comments