Lab use only

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MOLECULAR DIAGNOSTIC LABORATORY: MOLECULAR PATHOLOGY TESTS

Delphic Barcode Label

Second Delphic Barcode Label - If required

For specimen requirements and test information, contact:
Molecular Diagnostic Laboratory (MDL)
Health Sciences Centre,
Call Center (24 hr): 204-787-1534
MDL Telephone: 204-787-1024
Lab fax: 204-787-3846
Additional requisition and sample requirements available at:
www.dsmanitoba.ca:
Go to <info for professionals> <LIM>

Deliver all specimens to:
Health Sciences Centre
Dept. of Clinical Biochemistry and Genetics
MS551, 820 Sherbrook Street
Winnipeg, MB R3A 1R9

SHIP ALL SAMPLES AT ROOM TEMPERATURE

*** PLEASE COMPLETE THE INFORMATION BELOW. PRINT CLEARLY ***

ORDERING PATHOLOGIST/PHYSICIAN

		Doctor Code	Location
☐	DR ROBERT WIGHTMAN (GGH)	00553	GPATFX
☐	DR. MARC DUPRE (SBGH)	DUPRE	PATHFX
☐	DR. DANIEL GOMEZ (SBGH)	00466	PATHFX
☐	DR. RODICA GHEORGHE (HSC)	01344	PAHSFX
☐	DR. JANETTA ROSSOUW	00189	WLP
☐	DR. MOHAMMAD ABIDULLAH	01576	WLP
☐	OTHER PHYSICIAN (PLEASE PRINT)		

NAME ____________________

ADDRESS____________________

PHONE ____________ FAX ____________

CRITICAL RESULT PHONE # ____________________

ADDITIONAL COPY OF REPORT IF REQUIRED: (PLEASE COMPLETE)

NAME ……………………………………………

Address: ……………………………………………

Phone ( ) ………… Fax: ( ) …………

PATIENT INFORMATION

ENCOUNTER No____________ LOCATION (Ward/Clinic)____________

PATIENT NAME ____________________
(LAST) (FIRST)

DATE OF BIRTH ____________ SEX: ☐ F ☐ M
DD/MM/YYYY

FACILITY PATIENT ID NUMBER ____________ PATIENT PHONE # ____________

PROVINCIAL HEALTH NUMBER (PHIN) ____________________

SAMPLE PREPARATION DATE: ____________

SAMPLE PREPARED BY: ____________

CLINIC/ LABORATORY CONTACT NAME: ____________________ TELEPHONE NO. ____________________

I. Test Requested

See website for test details, guidelines and sample requirements
www.dsmanitoba.ca: go to <info for professionals> < LIM>

☐ BRAF
Tumor Block # ____________

☐ MSI
☐ Normal Tissue Block# ____________
☐ Tumor Tissue Block# ____________

☐ KRAS
Tumor Block # ____________

☐ Other (Prior consultation with lab required)

Test Details ____________________

____

____

Block # ____________

II. Samples Required

Samples must be labeled with patient name and PHN or equivalent (ie. Pathology number)

☐ Paraffin Embedded Tissue
Circle areas on tissue block for coring – Two 2 mm cores required

Tissue Type:____________ % Neoplastic ____________

Diagnosis: ____________ % Necrosis ____________

Pathologist Signature: ____________________

☐ Other ____________________

III. Clinical Information, Family History and Pathology Findings (ie. IHC Results)

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