

TEST REQUISITION FORM

TEST SELECTION									
□ KRAS (NGS)				ormed as a reflex test only when the incur an additional charge.		□ BRAF (NGS)			
□ EGFR (NGS)			□ MSI (Molecular)		□ MLH1 Promotor Methylation (Molecular)				
□ MMR (IHC)		□ CMV (IHC)		□ ALK (IHC)		□ MAF (ISH)			
□ ER (IHC)		□ PR (IHC)		☐ HER2 (IHC/ISH)		☐ HER2 (ISH only)			
□ OTHER (Please specify):									
☐ FOR OTHER IHC REQUESTS:			☐ STAIN AND REPO		RT 🗆 STAIN		ONLY		
PRIMARY TUMOUR TYPE									
□ Colorectal	Colorectal		noma	□ Lung	□ Breast	☐ Breast ☐ Gastric		☐ Endometrial	
□ OTHER (Please specify):									
PATIENT INFORMATION					SAMPLE INFORMATION				
LAST NAME:					BLOCK ID/HISTOLOGY No.:				
FIRST NAME:					No. BLOCKS SENT:	No. SLIDES SENT:			
DATE OF BIRTH:					ADDITIONAL COMMENTS REGARDING MATERIAL SENT:				
□ MALE □ FEMALE □ UNKNOWN									
					ATTACHED CASE REPORT: ☐ YES ☐ NO				
					TUMOUR BURDEN (If known):				
PERMISSIONS									
0		For blocks which contain limited tissue it may be necessary to use all remaining tissue. If you DO NOT give permission for this practice, please mark this box							
_	If multiple blocks are submitted, all blocks will be tested by default; if 'best block' selection is required please mark this box								
SENDER INFORMATION									
NAME:					ADDRESS:				
DEPARTMENT:									
PHONE NUMBER:									
EMAIL:									
SIGNATURE:					DATE:				
TERMS AND CONDITIONS									
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Author: Monica Devonshire ONC-DOC-174 v7.0

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Richard Heckford

QA Reviewer: