



<p>Patient Information</p> <p>Name: _____ Last First</p> <p>HCN: _____</p> <p>Date of Birth: _____ DD/MONTH/YYYY</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Address: _____</p> <p>City: _____ Province: _____</p>	<p>Referring Physician</p> <p>Name: _____ Last First</p> <p>Address: _____</p> <p>City: _____ Province: _____</p> <p>Phone: _____ Fax: _____</p> <p>Signature: _____</p> <p>Copy to: _____</p>
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Test Menu

<input type="checkbox"/> ARVC5 <i>TMEM43</i> c.1073C>T	<input type="checkbox"/> DNA extraction
<input type="checkbox"/> <i>BRCA1</i> c.2071delA	<input type="checkbox"/> DNA banking
<input type="checkbox"/> Gastric Cancer <i>CDH1</i> c.2398delC	<input type="checkbox"/> DNA send-out
<input type="checkbox"/> MAP <i>MUTYH</i> p.Y165C; p.G382D	<input type="checkbox"/> Other: _____
<input type="checkbox"/> MEN1 Burin <i>MEN1</i> p.R465X	

External Reference Facility (ERF) - ERF Requisition **MUST** be attached in order for specimen to be processed

Test: _____ ERF Facility: _____

Clinical Indication

Specimen Information

Hospital: _____ Date of Procedure: _____
DD/MONTH/YYYY

Specimen Number (SU#): _____ Specimen Source: _____

Specimen(s) Required

Slides – Normal Tissue Tumour Tissue *Percentage of tumour cells required?* Yes No

- Submit an H&E reference slide
 - For somatic studies, tumour area and estimated tumour cellularity **MUST** be indicated
- Submit **FIVE** x 10-micron adjacent sections on unheated, uncharged, and unstained slides per tissue type

Block(s) - Normal Tissue Tumour Tissue

Other – please refer to accompanying specimen requirement sheet for specific details – **REQUIRED!**

Pathology Laboratory Use Only

ALL specimens must be labelled with a minimum of **TWO** identifiers

Number of slides/blocks submitted: _____ Percentage of tumour cells (*if required*): _____

Tumour tissue submitted? Yes No Normal tissue submitted? Yes No

Pathologist's Name: _____ Signature: _____

Date: _____
DD/MONTH/YYYY

Please send this form, all accompanying documents and specimens to the Medical Genetics Laboratory

Medical Genetics Laboratory Use Only

Specimen Number: _____ Date Received: _____
DD/MONTH/YYYY

Number of blocks or slides received: _____ Received by: _____

Name: _____ Signature: _____