



# Pathology Consultation Service Requisition

V6 Sept 2018

Internal use only

Please print clearly and complete all fields of this form. Incomplete requisitions will not be processed.

Ontario Health Cards must be valid.

- All consult requisitions must be submitted by an Institution. All applicable costs will be charged to the Institution.
- All reports will be faxed to the physician who is requesting the consultation. Please complete the faxing agreement found at <http://www.mountsinai.on.ca/care/pathology/laboratory-forms-and-requisitions>. Note: this is only required once per physician.
- Forward a completed copy of this form with materials and original pathology report to the above address.

## Patient Demographics

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_  
DOB: (YYYY.MM.DD) \_\_\_\_\_ MRN #: \_\_\_\_\_ Health Card #: \_\_\_\_\_ VC: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Physician Requesting Consult from Mount Sinai Hospital (For Reporting Purposes)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Physician OHIP billing #: \_\_\_\_\_  
Hospital / Institution Name (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_ Rm #: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax #: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

\*All reports will be faxed to the requesting physician fax number. Please be sure to complete the faxing agreement.

## Referring Institution (For Billing Purposes)

Hospital / Institution Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Contact Name for Billing Inquiries: \_\_\_\_\_  
Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax #: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

## Specimen Identification

Specimen ID: \_\_\_\_\_  Original Report Sent Additional Material: \_\_\_\_\_  
# Blocks Sent: \_\_\_\_\_ Block ID(s): \_\_\_\_\_  Clinical Notes  
# Slides Sent: \_\_\_\_\_ Slide ID(s): \_\_\_\_\_  Imaging Report

## Specimen Processing Information (Please Enter for All Specimens)

Fixative Used:  10% Neutral Buffered Formalin  Other (specify fixative) \_\_\_\_\_  
Fixation Duration:  < 6 hours  6 – 48 hours  48 – 72 hours  > 72 hours  unspecified  
Cold Ischemic Time (for breast tissue):  < 1 hour or less (recommended)  > 1 hour  unspecified

## Please Specify Tests Requested

Diagnostic Consultation:  Sarcoma  Breast or Gyne  Gastrointestinal  Placental-Molar  
Biomarkers:  Breast Cancer (Fill in fields below)  Extended RAS\*  MSI  Other (please specify) \_\_\_\_\_  
 Somatic BRCA please indicate tumor type: ovarian, fallopian tube or primary peritoneal cancer

## For Breast Cancer Bio-marker Requests Only

All breast biomarkers are validated with tissue fixed in 10% neutral buffered formalin for 6 to 48 hours (as per CAP/ASCO guidelines). Microwave processed and decalcified samples are not suitable for testing. Mercurochrome use as a dye marker is not recommended.

Test Requested:	Procedure Type:	Tissue Location:
<input type="checkbox"/> ER, PgR (IHC)	<input type="checkbox"/> Small Biopsy ("core"/"needle")	<input type="checkbox"/> Right Breast
<input type="checkbox"/> HER2 (IHC, with ISH if necessary)	<input type="checkbox"/> Any Breast Resection	<input type="checkbox"/> Left Breast
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

## Please Specify Drug to be Prescribed\*\*:

Vectibix  Erbitux  Other (please specify) \_\_\_\_\_

\* RAS: Tissue requirements: Preferred: tumour tissue block. Alternate: Unstained 4-micron section on coated slide and 10x10-micron sections from tumour tissue. Note: slides with permanent positive charge adhesive are not suitable. Presently the cost of RAS Mutation Detection will be covered by CCO if patient has a valid Ontario Health Card. \*\*For Non-Ontario patients, Amgen will cover the cost if the patient is a candidate for Panitumumab (Vectibix). For all other patients cost is to be recovered from the referring institution.