



MDL#:

MOLECULAR PATHOLOGY TEST REQUEST FORM

SAMPLE

Surgical # (if applicable): _____

Blood

Solid Tissue (Site: _____)

Bone Marrow

Paraffin block (# _____ Site: _____)

Other: _____

PATIENT

Last Name: _____

First Name: _____

RAMQ#: _____

Unit #: _____

D.O.B.: _____ (yy/mm/dd/)

Sex: M F

Other: _____

PATIENT HISTORY (OR ATTACH PATHOLOGY REPORT):

- 1 lavender EDTA tube for any combination of the following:**
- [] **B-cell clonality**
PCR (*IgH* FR1, FR2, FR3, *IgL* κ, *IgL* λ)
 - [] **T-cell clonality**
PCR (*TCRγ*, *TCRβ*, and *TCRδ* chains)
 - [] ***BCL-2 / IgH* gene translocation t(14;18)**
PCR (MBR, 3' MBR, and mcr regions)
 - [] ***BCL-1 / IgH* gene translocation t(11;14)**
PCR for mantle cell lymphoma
 - [] ***BCR / ABL* gene translocation t(9;22)** [3 lavender EDTA tubes]
Real-time quantitative RT-PCR
 - [] ***BCR / ABL* point mutations** [1 lavender EDTA tube]
For patients resistant to Gleevec™ therapy
 - [] ***JAK2 V617F* point mutation** [1 lavender EDTA tube]
Real-time quantitative PCR
 - [] ***CALR* mutations (insertions/deletions)** [1 lavender EDTA tube]
(automatic reflex test for *JAK2*-negative samples)
 - [] ***PML / RARα* gene translocation t(15;17)** [1 lavender EDTA tube]
Real-time PCR
 - [] ***FLT3* mutation (ITD & D835)** [1 lavender EDTA tube]
- 1 lavender EDTA tube for any combination of the following:**
- [] **Factor V Leiden**
 - [] **Prothrombin (Factor II) 20210A Mutation**
 - [] **MTHFR C677T**
 - [] **Hemochromatosis Mutations**

Requesting Physician: _____

Date: _____ Signature: _____

Institution: _____

Department: _____

Tel.: _____ Fax: _____

Tel.: _____ Fax: _____

SEND SAMPLE AND REQUISITION

Samples received without a requisition form will not be processed.



Molecular Pathology Center (E-603)
Hôpital général juif de Montréal
3755, chemin de la Côte Ste-Catherine
Montréal (QC) H3T 1E2
Tel.: 514 340 8222 ext. 3120 Fax: 514 340 8134