Centre intégré universitaire de santé et de services sociaux du Centre-Ouest-de-l'île-de-Montréal
Québec 🍁🍁

OP+ILAB Montréal-CUSM

SOLID TUMOR REQUISITION

Molecular Pathology Center (MPC) (CLIA #99D1042152)

OPTILAB-MUHC Jewish General Hospital
3755 Cote-Ste-Catherine, G-102, Montreal, QC
H3T1E2

Email : pathologyreception@jgh.mcgill.ca
Tel: (514) 340-8222 x28427   Fax: (514) 340-8102

Name (Last, First): *

Date of Birth (yyyy/mm/dd): *
Sex:* ☐ M ☐ F

RAMQ: *
Medical Record # (MRN):*

Referring Physician Information:*	**Sample Information**

Name (Last, First): *

License #: *

Institution: *

Address:

City, Province:

Postal Code:

E-mail address: *

Tel: *   Fax: *

*The fax number is mandatory and will be used to send the results

Copy to

Name:

Fax:

I acknowledge that the patient/guardian is aware of the benefits, limitations and risks associated with the requested test(s) and that I have obtained informed consent to perform genetic testing for this patient. I authorize the laboratory to fax results to the number provided above.

Signature:*   Date:*

Procedure Date (yyyy/mm/dd):

☐ Paraffin block ☐ Blood

ID:

Fixative: ☐ Neutral Buffered Formalin
          ☐ Other

Fixation Time:

☐ 6-72 hrs   ☐ > 72 hrs

Primary Tumor Site*

☐Breast cancer

☐Esophageal cancer

☐Colorectal cancer

☐Gastric cancer

☐Lung adenocarcinoma

☐Melanoma

☐Thyroid cancer

☐Urothelial carcinoma   ☐Other

Immunohistochemistry:	**Molecular Test(s):**

☐ ER,PR,HER2 ☐ HER2 ☐ MMR ☐ BRAF
☐ ALK1   ☐ ROS1 ☐ NTRK

PD-L1 immuno-expression **(clone 22C3)**
☐ Lung   ☐ HNSCC   ☐ TNBC
☐ Eso/GEJ/AC/SCC

PD-L1 immuno-expression **(clone 28-8)**
☐ Eso/GEJ/Gas AC

Other:
☐ HER2 FISH   ☐Other

**Include the original Pathology Report with this requisition for all test request.

Circulating Tumor DNA (ctDNA)
☐ EGFR

Other:
☐ MET Exon 14 skipping

☐ MLH1 promoter methylation analysis
  Note: Testing only performed on tumors showing no MLH1 expression

☐ MSI analysis
  Note: Testing only performed on tumors with equivocal MMR IHC

☐Other

Date/Time:	Institution:	Block ID:	# Block(s):	# Slide(s):	Initials: