SOLID TUMOR REQUISITION INTERNAL Molecular Pathology Centrer (MPC) (CLIA #98D1042152) OPTILAB-MUHC Jewish General Hospital 3755 Cole-Ste-Catherine, G-102, Montreal, QC HANTIE2 Email: pathology centrer (MPC) (CLIA #98D1042152) OPTILAB-MUHC Jewish General Hospital 3755 Cole-Ste-Catherine, G-102, Montreal, QC HANTIE2 Email: pathology centrer (MPC) (CLIA #98D1042152) OPTILAB-MUHC Jewish General Hospital 3755 Cole-Ste-Catherine, G-102, Montreal, QC HANTIE2 Email: pathology centrer (MPC) (CLIA #98D1042152) OPTILAB-MUHC Jewish General Hospital 3755 Cole-Ste-Catherine, G-102, Montreal, QC HANTIE (141) 440 8222 220427 Fax: (514) 340-8102 Referring Physician Information: Name (Last, First): License #: Medicial Record # (MRN): Sample Information Procedure Date (typy/mm/dd): License #: Institution: Address: Chy, Province. Postal Code: E-mail address: Fax: Tet' Tet ** Fax: ** The fax number is mandatory and will be used to send the results Coor in Name: Scor in Name: Scor in Name: Scor in House of Birth (typy/mm/dd): * Sex: In M C F RAMC: Deter Procedure Date (typy/mm/dd): * Deter Pr		·		
Molecular Pathology Center (MPC) (CLIA 989D1042152) OPTILAB-MUHC Jewish General Hospital 3756 Cote-Sic-Catherine, G-102, Montreal, QC H371E2 Email: pathology acception (Birth modifica 710, Montreal, QC H371E2 Email: pathology acception (Birth modifica 710, Montreal, QC H371E2 Email: pathology acception (Birth modifica 710, Montreal, QC H371E2 Email: pathology acception (Birth modifica 710, Montreal, QC H371E2 Email: pathology acception (Birth modifica 710, Montreal, QC H371E2 Email: pathology acception (Birth modifica 710, Montreal, QC H371E2 License #:	Contre intégré universitaire de santé et de services sociaux de-l'ile-de-Montréal Québec Montréal-cusm	PATIENT STAMP OR LABEL HERE		
OPTILAB-MUHC Jewish General Hospital 3755 Cote Ster-Catherine, G-102, Montreal, QC H311E2	SOLID TUMOR REQUISITION	Name (Last, First): *		
Referring Physician Information:* Sample Information	OPTILAB-MUHC Jewish General Hospital 3755 Cote-Ste-Catherine, G-102, Montreal, QC			
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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: / /		☐ Other		
G-72 hrs 5 72 hrs		Fixation Time:		
Tel: * Fax: * Fax: * Brain tumour * Brain tumoun * Brain tumour * Brain tumour * Brain tumour * Brain tumour *		□ 6-72 hrs □ > 72 hrs		
The fax number is mandatory and will be used to send the results Copy to		Primary Tumor Site:*		
Copy to Name:		□Brain tumour		
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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:	Name:	□Colorectal cancer		
Imitations and risks associated with the requested testi(s) and that I have obtained informed consent to perform genetic testing for this patient. authorize the laboratory to fax results to the number provided above. Melanoma Thyroid cancer Utrothelial carcinoma Upper Gl Other: Other: Molecular Test(s): ER,PR,HER2 HER2 MMR BRAF Mext Generation Sequencing DNA RNA BRCA1/2 PD-L1 immuno-expression (clone 22C3) Eso/GEJ/AC/SCC Eso/GEJ/AC/SCC Other: Circulating Tumor DNA (ctDNA) EGFR Circulating Tumor DNA (ctDNA) EGFR Mext Generation Sequencing 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	Fax:	□Breast cancer		
authorize the laboratory to fax results to the number provided above. Signature:* Date:* / /	limitations and risks associated with the requested test(s) and that I have	□Lung adenocarcinoma		
Signature:* Date:* / / Urothelial carcinoma Upper Gl		□Melanoma		
Upper Gl		☐Thyroid cancer		
Immunohistochemistry: Molecular Test(s): ER,PR,HER2 HER2 MMR BRAF DNA RNA BRCA1/2	Signature:* Date:* / /	□Urothelial carcinoma		
□ ER,PR,HER2 □ HER2 □ MMR □ BRAF □ ALK1 □ ROS1 □ NTRK □ DNA □ BRCA1/2 PD-L1 immuno-expression (clone 22C3) □ Circulating Tumor DNA (ctDNA) □ Lung □ HNSCC □ TNBC □ EGFR □ Eso/GEJ/AC/SCC Other: □ MET Exon 14 skipping □ MET Exon 14 skipping □ Eso/GEJ/Gas AC □ 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		□Upper GI □Other:		
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