

SOLID TUMOR REQUISITION
INTERNAL

Molecular Pathology Center (MPC) (CLIA #99D1042152)
OPTILAB-MUHC Jewish General Hospital
3755 Cote-Ste-Catherine, G-102, Montreal, QC
H3T1E2

Email : pathologyreception@igh.mcgill.ca

Tel: (514) 340-8222 x28427

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Name (Last, First): *

Date of Birth (yyyy/mm/dd): *

Sex: * ☐ M ☐ F

RAMQ: *

Medical Record # (MRN):*

Referring Physician 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: * / /

Sample Information

Procedure Date (yyyy/mm/dd):

☐ Paraffin block ☐ Blood

ID:

Fixative: ☐ Neutral Buffered Formalin

☐ Other

Fixation Time:

☐ 6-72 hrs ☐ > 72 hrs

Primary Tumor Site:*

☐ Brain tumour

☐ Cholangiocarcinoma

☐ Colorectal cancer

☐ Breast cancer

☐ Lung adenocarcinoma

☐ Melanoma

☐ Thyroid cancer

☐ Urothelial carcinoma

☐ Upper GI

☐ Other:

Immunohistochemistry:

☐ 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

Molecular Test(s):

Next Generation Sequencing

☐ DNA ☐ RNA ☐ BRCA1/2

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:

