

BRAF Mutation Detection Requisition

Ontario Patients Only: LHIN 10 & 11

(Please fill in the form online, then print)

Kingston General Hospital
Department of Pathology & Molecular Medicine
76 Stuart Street, Douglas 2 - Room 8-218
Kingston Ontario, Canada K7L 2V7
Tel: 613-549-6666 ext. 6827 Fax: 613-548-1364

PLEASE NOTE:

- 1- Incomplete requisitions will not be processed.
- 2- Hard copy must be faxed to Kingston General Hospital along with original Pathology Report.
- 3- Hard copy requisition must be signed by Referring Physician.

☐ This patient has been diagnosed with advanced/metastatic melanoma.

☐ Other (please provide more information)



Outstanding care, always™

Clinical Laboratory Services

Patient Information:

First Name:

Last Name:

Middle Name:

Hospital ID#:

Date of Birth:
yyyy/mm/dd

HCN#:

Request date:
yyyy/mm/dd

☐ Male

☐ Female

Ordered By:

Physician Name: Clinic:

Address:

Province: Postal code: Email:

Tel: Fax:

Tissue Origin:

Specimen ID #:

Surgery date: Location (Hospital Name):

Hospital address:

Hospital/Lab Contact Info:

☐ **Original Pathology report will be faxed to KGH along with this requisition.**

☐ **Oncologist will organize sending tissue/block samples to Kingston General Hospital.**

Physician Signature:

TISSUE REQUIREMENTS:

One routinely stained slide and 5 unstained sections (4 microns) on uncharged slides and unbaked
OR tumour tissue block (select most tumour rich block).