

# KRAS 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 metastatic colorectal cancer
- Other (please provide more information)



Outstanding care, always™  
Clinical Laboratory Services

### Patient Information:

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Middle Name:	<input type="text"/>
Hospital ID#:	<input type="text"/>
Date of Birth:	<input type="text"/> <small>yyyy/mm/dd</small>
HCN#:	<input type="text"/>
Request date:	<input type="text"/> <small>yyyy/mm/dd</small>
<input type="radio"/> Male	<input type="radio"/> Female

### Ordered By:

Physician Name:  Clinic:

Address:

Province:  Postal code:  Email:

Tel:  Fax:

Colon Cancer  Rectal Cancer  Other

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).