Internal Lab use only

Kingston General Hospital
Outstanding care, always™
Clinical Laboratory Services

Molecular Genetics Laboratory Oncology Studies Requisition

76 Stuart Street, Douglas 4, Room 8-415
Kingston, ON K7L 2V7
Tel: 613)549-6666 ext. 4892
FAX: 613-548-1356
In-house delivery tube station: #31

CR# or Hospital ID #: _____

Patient Name: _____
(Last) **(First)**

Date of Birth (YYYY/MM/DD): _____/_____/_____ **Sex: M/F**

Health Card #: _____ **Expiry Date:** _____

Address: _____

Postal Code: _____ **Phone:** _____

Specimen Requirements

Collection Centre: _____ Collected by: _____(please print)

Date (YYYY/MM/DD): _____/____/____ Time: _____ ☐Collected at Room Temperature and within 24 hours

Note: The requisition and specimen must carry the same two unique patient identifiers or the sample may be rejected.

☐ Blood (10 cc - EDTA vacutainer - lavender or pink) ☐ Lymph Node

☐ Bone Marrow (EDTA rinsed syringe) ☐ Other Tissue (specify): _____

Principal Diagnosis and Therapy

Test Requested

☐ Hematopathologist to Triage (*DNA will be held until hematopath review completed*)

☐ Immunoglobulin/T cell receptor gene rearrangements

☐ JAK2

☐ Qualitative BCR/ABL(for diagnosis only) please specify below: - *samples must be received within 24 hours of collection*

☐CML breakpoints ☐ALL breakpoints ☐CML & ALL breakpoints

☐ Quantitative BCR/ABL (for disease monitoring) – *samples must be drawn in the morning and received in the lab before noon. DO NOT collect samples on Fridays. This sample will be referred out for testing.*

☐ Other: _____

Report to: (Physician Information)

Name: _____ Phone (___)_____ FAX: (___)_____

Address: _____ City: _____

Postal Code: _____ CPSO#: _____ OHIP Billing #: _____

Signature: _____

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Place Label Here