

Mutation Requisition

Kingston General Hospital site

Department of Pathology & Molecular Medicine
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Kingston Health
Sciences Centre

Centre des sciences de
la santé de Kingston



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.

Other (please provide more information)

Ordered By:

Physician Name:

Clinic:

Address:

Province:

Postal code:

Tel:

Fax:

Email:

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 10 unstained sections (4 microns) on uncharged slides and unbaked OR tumour tissue block (select most tumour rich block).

Patient Information:

First Name:

Last Name:

Middle Name:

Hospital ID#:

Date of Birth:
yyyy/mm/dd

HCN#:

Request date:
yyyy/mm/dd

Male

Female