

KRAS Mutation Requisition

Ontario Patients Only: LHIN 10 & 11

(Please fill in the form online, then print)

Kingston Health
Sciences Centre

Centre des sciences de
la santé de Kingston



Kingston General Hospital site

Department of Pathology & Molecular Medicine

76 Stuart Street, Douglas 2, Room 8-218

Kingston, ON 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)

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 5 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