

**Kingston Health
Sciences Centre**

Centre des sciences de
la santé de Kingston



Hôpital
Hôtel Dieu
Hospital



Hôpital Général de
Kingston General
Hospital

Internal Lab use only

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: _____

**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

<https://kingstonhsc.ca/laboratory-services/about-laboratory-services-kgh>

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 mL - EDTA vacutainer - lavender or pink) Bone Marrow Aspirate (2 mL – EDTA vacutainer – lavender)
 Lymph Node Other Tissue (specify): _____

Principal Diagnosis and Therapy

Test Requested

- B Cell Clonality (IgH) T Cell Clonality (TCRB)
 Myeloproliferative Neoplasms (MPN) Panel - (JAK2 V617F, JAK2 exon12, CALR indel, and MPL W515L/K mutations)
 Qualitative BCR/ABL (MAJOR and MINOR breakpoints) - *samples must be received within 24 hours of collection*
 Quantitative BCR/ABL (MAJOR breakpoint monitoring) – *samples must be received within 24 hours of collection*
 FLT3 and NPM1 Mutation Panel – (FLT3-ITD, FLT3-TKD, NPM1 indel mutations)
 Oncomine Myeloid Panel – DNA only
 Oncomine Myeloid Panel – DNA and RNA
 Other: _____

Report to: (Physician Information)

Name: _____ Phone (____) _____ FAX: (____) _____

Address: _____ City: _____

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

Signature: _____

Internal Lab Use Only:

Place Label Here