

**Kingston Health  
Sciences Centre**

Centre des sciences de  
la santé de Kingston



Hôpital  
Général de  
Kingston



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

<http://www.kgh.on.ca/healthcare-providers/lab-requisition-forms>

**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: \_\_\_\_\_

**Internal Lab Use Only:**

Place Label Here