OptiLab – Molecular Genetics, CIUSSS West Central Montreal – Jewish General Hospital
Tel.:(514) 340-8222 # 23120 (Molecular Pathology) or #28427 (for PD-L1), Fax: (514) 340-8102

Hôpital général juif
Jewish General Hospital
Centre de pathologie moléculaire

Requisition for Molecular genetics tests
SOLID TUMORS

Requesting physician:
Name: Dr. _____
Institution: _____
Department: _____
Address: _____
City, postal code: _____
Tel: (___) ___-____
Fax: (___) ___-____
The fax number is mandatory and will be used to send the results

Copy to: Dr. _____
Fax: (___) ___-____
Dr. _____
Fax: (___) ___-____

Patient:
Name: _____
Given name: _____
D.O.B.: ____/____/____ (yyyy/mm/dd)
Sex: ☐M ☐F
JGH registration #: _____
RAMQ #: _____

For laboratory use

Sample

Date of procedure: ____/____/____(yyyy/mm/dd) Hospital of procedure, city: _____

☐ Paraffin block (including cell block) Block ID #: _____

Site: ☐ Colon ☐ Rectal ☐ Lung, right ☐ Lung, left ☐ Skin ☐ Lymph node
☐ Other: _____

Type of specimen: ☐ Surgical resection ☐ Biopsy, core biopsy ☐ Fine Needle Aspiration ☐ EBUS
Other: _____

☐ Cytological fluid Fluid ID #: _____

Type of fluid: ☐ Pleural ☐ Pericardial ☐ Other: _____

Fixation: ☐ Alcohol ☐ Cytolyt ☐ Formalin ☐ Alcohol & Formalin

Requested test(s)

☐ RAS (K and N) mutation analysis
☐ BRAF mutation analysis
☐ EGFR T790M in ctDNA
☐ EGFR mutation analysis (incl. T790M) in tissue
☐ ROS1 rearrangement
☐ ALK rearrangement

☐ MLH1 promoter methylation analysis
Note: Testing only performed on tumors showing no MLH1 expression

☐ MSI analysis:
Note: Testing only performed on tumors with equivocal MMR IHC
Tumor sample, block ID #: _____
Normal tissue, block ID #: _____

☐ PD-L1 immuno-expression (clone 22C3, for NSCLC)
☐ PD-L1 immuno-expression (clone 22C3, CP for HNSCC)
Note: Technical and interpretation only
☐ Other: _____

Include the original pathology report with this requisition for all test requests

Send request and samples to:	Physician's signature:	Date of request:
Jewish General Hospital **Pathology, Room G-102** **3755 Côte-Sainte-Catherine Road** **Montreal, QC H3T 1E2**		(yyyy/mm/dd)

Samples received without this requisition will **NOT** be processed

Date and time:	Institution:	Block ID #:	Block(s):	Slides(s):	Initials: