

PATHOLOGY CONSULTATION AND BIOMARKER REQUISITION

Pathology and Laboratory Medicine, 600 University Avenue, 6th floor, suite 6-120 Toronto, Ontario, Canada, M5G 1X5 Tal: (416) 596 4900 v 4457

PATIENT INFORMATION (PLACE LABEL HERE or TYPE)
Last Name:
First Name:
MRN:
Date of Birth:
Ontario Health Card & Version Code
Sex (OHIP): Male Female
Sex assigned at birth: Male ☐ Female ☐
Visit #/Patient location:

Fax: (416) 586-8628	Sex assigned at birth: Male ☐ Female ☐		
PLMconsults@sinaihealth.ca C342 Front (Rev. 10.2025) Page 1 of 2	Visit #/Patient location:		
Please print clearly and complete all fields of this form. Inc Ontario Health Cards must be valid. • All consult requisitions must be submitted by an Institution. All applicable co • Please complete the faxing agreement found on the Mount Sinai Hospital Paper physician.* • Forward a completed copy of this form with materials and original pathology *All reports will be faxed to the institution/requesting physician fax number.	sts will be charged to the Institution. thology and Laboratory Medicine website. Note: this is only required once report to the above address.		
Referral Date:			
Patient Demographics	hysician Requesting Consult (For Reporting Purposes)		
Surname: Si	Surname:		
First Name: Fi	First Name:		
Phone #: () Pl	Phone #: () Fax #: () Physician OHIP billing #: Email:		
DOB: (YYYY.MM.DD) P			
MRN #:			
Health Card #: VC: H	ospital / Institution Name:		
Address: A	ddress:		
City: Province: C	ity: Province:		
Postal Code: Po	ostal Code:		
Referring Institution (For Billing Purposes) Hospital / Institution Name: Address Contact Name for Billing Inquiries Phone #: () Fax #: () E			
Specimen Information Specimen Number: # Blocks Sent: Block ID(s): # Slides Sent: Slide ID(s): Additional Material:			
Specimen Processing Information (Please Enter for All Spe Fixative Used: less than 10% Neutral Buffered Formalin Other (spec Fixation Duration: less than 6 hours 6 - 48 hours 48 - 72 hours Cold Ischemic Time: Unspecified 7 greater than 1 hours less than	ify fixative)urs if greater than 72 hours unspecified		



Tissue requirements: Preferred: tumour tissue block. Alternate: Unstained slides for Immunohistochemistry or FISH submit on positively charged slides. Unstained slides for Molecular tests must be on Uncharged slides. Submit 6 slides at 10um thickness for Molecular requests. For RNA/DNA based molecular tests, follow appropriate molecular microtomy cleaning protocols between each tissue block. All biomarkers are validated with tissue fixed in 10% neutral buffered formalin for 6 to 72 hours (as per CAP/ASCO guidelines). Microwave processed and decalcified samples are not suitable for testing. Mercurochrome use as a dye marker is not recommended.

Testing Indications are listed here: Genetics Resources | Ontario Health



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Toronto, Ontario, Canada, M5G 1X5	Sex	Sex (OHIP): Male Female		
Tel: (416) 586-4800 x 4457 Fax: (416) 586-8628		Sex assigned at birth: Male ☐ Female ☐		
PLMconsults@sinaihealth.ca C342 Back (Rev. 10.2025) Page 2 of 2	Vis	Visit #/Patient location:		
Tumour Biomarker Tests: Please	Specify Tests Req	uested		
Bladder/Urothelial MLH1, MSH2, MSH6, PMS2 (IHC) FGFR2, FGFR3, NTRK1, NTRK2, NTRK3 (Molecular) Breast ER / PR (IHC) HER2 (IHC/FISH) PD-L1 (IHC) Ki-67 (IHC)	Lynch Syndrome (Soma EPCAM, MLH1, MSH. PMS2, POLD1, POLE Melanoma BRAF, KIT, NRAS (Mc Methylation Testing MLH1 Methylation (M Paragangliomas CRUP (HJC)	2, MSH6, MUTYH r (Molecular)* olecular)	Sebaceous Skin Tumours MLH1, MSH2, MSH6, PMS2 (IHC) Small Bowel MLH1, MSH2, MSH6, PMS2 (IHC) BRAF, KRAS, NRAS, PIK3CA (Molecular) Soft Tissue and Bone Morphological Review Molecular analysis	
☐ ESR1, PIK3CA (Molecular) Cervix ☐ HPV (in-situ) ☐ PD-L1 (IHC)	☐ SDHB (IHC) NTRK Testing ☐ NTRK1, NTRK2, NTRK3 (Pan-TRK) (IHC) ☐ NTRK1, NTRK2, NTRK3 (Molecular)		 □ MDM2 (FISH) Gastrointestinal Stromal Tumors □ SDHB (IHC) □ BRAF, KIT, PDGFRA, SDH, NF1, NTRK, FGFR (Molecular) 	
Cholangiocarcinoma ☐ MLH1, MSH2, MSH6, PMS2 ☐ FGFR2 (Molecular)	Uveal Melanoma ☐ MLH1, MSH2, MSH6 ☐ GNAQ, GNA11 (Mole		Stomach ☐ EBER (in-situ)	
Colorectal ☐ MLH1, MSH2, MSH6, PMS2 (IHC) ☐ BRAF (IHC) ☐ BRAF, KRAS, NRAS, PIK3CA (Molecular)	Ovary MLH1, MSH2, MSH6, PMS2 (IHC) p53, WT1 (IHC) SMARCA4 (Molecular) FOXL2, DICER1 (Molecular)		Stomach/Esophagus MLH1, MSH2, MSH6, PMS2 (IHC) HER2 (IHC/FISH) PD-L1 (IHC) Thyroid	
Endometrium ☐ HER2 (IHC/FISH) ☐ p53, ER, PR (IHC) ☐ MLH1, MSH2, MSH6, PMS2 (IHC) ☐ CTNNB1, KRAS, PIK3CA, POLE, PTEN, TP53 (Molecular)	Pancreas ☐ MLH1, MSH2, MSH6 ☐ BRAF, BRCA1, BRCA KRAS, MLH1, MSH2, MSH RAD51C, RAD51D, RET (, PMS2 (IHC) 2, EGFR, ERBB2, 16, PALB2, PMS2,	 □ BRAF, HRAS, NRAS, NTRK3, PPARG, RET, KRAS, NTRK1, NTRK2, NTRK3 (Molecular) Other □ Please specify: 	
Head & Neck PD-L1 (IHC) EBER (in situ) HPV (in situ) SMARCA4, SMARCB1 (IHC) DEK-AFF2, EWSR1-FLI, EGFR, IDH2, NUTM1, PAX3, PAX7 (Molecular)	Penile ☐ HPV (in-situ) Prostate ☐ ATM, BRCA1, BRCA2 (Molecular)	,		
* Somatic Testing for Lynch Synof the MMR IHC and Germline		rinted copy		

Other Tests

Placental-Molar	Note:	Please submit fetal and maternal samples
Other (please speci	fv)	

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