



**PATHOLOGY CONSULTATION
AND BIOMARKER REQUISITION**

Pathology and Laboratory Medicine,
600 University Avenue, 6th floor, suite 6-120
Toronto, Ontario, Canada, M5G 1X5
Tel: (416) 586-4800 x 4457
Fax: (416) 586-8628
PLMconsults@sinaihealth.ca
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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: _____

Please print clearly and complete all fields of this form. Incomplete requisitions will not be processed. Ontario Health Cards must be valid.

- All consult requisitions must be submitted by an Institution. All applicable costs will be charged to the Institution.
- Please complete the faxing agreement found on the Mount Sinai Hospital Pathology and Laboratory Medicine website. Note: this is only required once per physician.*
- Forward a completed copy of this form with materials and original pathology report to the above address.

***All reports will be faxed to the institution/requesting physician fax number. Please be sure to complete the faxing agreement if not already sent.**

Referral Date: _____

Patient Demographics

Surname: _____
First Name: _____
Phone #: (____) _____
DOB: (YYYY.MM.DD) ____ . ____ . ____
MRN #: _____
Health Card #: _____ VC: _____
Address: _____
City: _____ Province: _____
Postal Code: _____

Physician Requesting Consult (For Reporting Purposes)

Surname: _____
First Name: _____
Phone #: (____) _____ Fax #: (____) _____
Physician OHIP billing #: _____
Email: _____
Hospital / Institution Name: _____
Address: _____
City: _____ Province: _____
Postal Code: _____

Referring Institution (For Billing Purposes)

Hospital / Institution Name: _____
Address _____
Contact Name for Billing Inquiries _____
Phone #: (____) _____ Fax #: (____) _____ Email: _____

Specimen Information

Specimen Number: _____
Blocks Sent: _____ Block ID(s): _____
Slides Sent: _____ Slide ID(s): _____
Additional Material: _____

Specimen Processing Information (Please Enter for All Specimens)

Fixative Used: less than 10% Neutral Buffered Formalin Other (specify fixative) _____
Fixation Duration: less than 6 hours 6 – 48 hours 48 – 72 hours if greater than 72 hours unspecified
Cold Ischemic Time: unspecified greater than 1 hour less than 1 hour or less (recommended)

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.

For more details on collection, shipping and reference information, click here to access our [Test Catalogue](#)

Testing Indications are listed here: [Funded Test Resources](#) | [Ontario Health](#)

Please note that tests not included in this list, tests that do not meet funding criteria, or patients without OHIP coverage will be billed to the referring site.



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Sex assigned at birth: Male Female

Visit #/Patient location: _____

Tumour Biomarker Tests: Please Specify Tests Requested

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)
- ESR1, PIK3CA* (Molecular)

Cervix

- HPV (in-situ)
- PD-L1 (IHC)

Cholangiocarcinoma

- MLH1, MSH2, MSH6, PMS2
- FGFR2* (Molecular)

Colorectal

- MLH1, MSH2, MSH6, PMS2 (IHC)
- BRAF (IHC)
- BRAF, KRAS, NRAS, PIK3CA* (Molecular)

Endometrium

- HER2 (IHC/FISH)
- p53, ER, PR (IHC)
- MLH1, MSH2, MSH6, PMS2 (IHC)
- CTNNB1, KRAS, PIK3CA, POLE, PTEN, TP53* (Molecular)

Head & Neck

- PD-L1 (IHC)
- EBER (in situ)
- HPV (in situ)
- SMARCA4, SMARCB1 (IHC)

Head & Neck Sinonasal

- DEK-AFF2, EWSR1-FLI, EGFR, IDH2, NUTM1, PAX3, PAX7* (Molecular)

*** Somatic Testing for Lynch Syndrome requires a printed copy of the MMR IHC and Germline testing reports**

Other Tests

- Placental-Molar Note: Please submit fetal and maternal samples
- Other (please specify) _____

Head & Neck Salivary Gland

- SNV/CNVs:** *AKT1, BRAF, ERBB2, HMGA2, PIK3CA, PRKD1* (Molecular)
- Fusions:** *RET, NTRK1, NTRK2, NTRK3, MAML2, PRKD1, PRKD2, PRKD3, MYB, MYBL1, PLAG1, SS18, HMGA2, EWSR1/FUS, ETV6* (Molecular)

Lynch Syndrome (Somatic)

- EPCAM, MLH1, MSH2, MSH6, MUTYH, PMS2, POLD1, POLE* (Molecular)*

Melanoma

- BRAF, KIT, NRAS* (Molecular)

Methylation Testing

- MLH1* Methylation (Molecular)

Paragangliomas

- SDHB (IHC)

NTRK Testing

- NTRK1, NTRK2, NTRK3 (Pan-TRK) (IHC)
- NTRK1, NTRK2, NTRK3* (Molecular)

Uveal Melanoma

- MLH1, MSH2, MSH6, PMS2 (IHC)
- GNAQ, GNA11* (Molecular)

Ovary

- MLH1, MSH2, MSH6, PMS2 (IHC)
- p53, WT1 (IHC)
- SMARCA4* (Molecular)
- FOXL2, DICER1* (Molecular)
- BRCA1, BRCA2* (Molecular)

Pancreas

- MLH1, MSH2, MSH6, PMS2 (IHC)
- BRAF, BRCA1, BRCA2, EGFR, ERBB2, KRAS, MLH1, MSH2, MSH6, PALB2, PMS2, RAD51C, RAD51D, RET (Molecular)

Penile

- HPV (in-situ)

Prostate

- ATM, BRCA1, BRCA2, PALB2* (Molecular)

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
- MDM2 (FISH)

Gastrointestinal Stromal Tumors

- SDHB (IHC)
- BRAF, KIT, PDGFRA, SDH, NF1, NTRK, FGFR* (Molecular)

Stomach

- EBER (in-situ)

Stomach/Esophagus

- MLH1, MSH2, MSH6, PMS2 (IHC)
- HER2 (IHC/FISH)
- PD-L1 (IHC)

Thyroid

- BRAF, HRAS, NRAS, NTRK3, PPARG, RET, KRAS, NTRK1, NTRK2, NTRK3* (Molecular)

Other

- Please specify: _____

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