

BREAST CANCER BIO-MARKER REQUISITION FORM

Patient Name

Date of Birth
 (y/m/d)

OHIP/HIN/Other

REQUEST DATE: _____

TEST REQUESTED: ER, PR HER2

PATHOLOGY REPORTS SHOULD BE SUBMITTED WITH TEST REQUESTS

- All breast bio-markers are validated with tissue fixed in 10% neutral buffered formalin for 6 to 48 hours as per CAP/ASCO guidelines.
- Microwave processed and decalcified samples are not suitable for testing.
- Mercurochrome use as a marker dye is not recommended.

SPECIMEN IDENTIFICATION:

Specimen ID: _____

Blocks Sent: _____

Block ID(s): _____

Slides Sent: _____

Slide ID(s): _____

PROCEDURE TYPE:	TISSUE LOCATION:	FIXATION USED:	FIXATION DURATION:
<input type="checkbox"/> Core Biopsy	<input type="checkbox"/> Right Breast	<input type="checkbox"/> 10% Neutral Buffered Formalin	<input type="checkbox"/> < 6 hours
<input type="checkbox"/> Wire Localization	<input type="checkbox"/> Left Breast	<input type="checkbox"/> Other:	<input type="checkbox"/> 6 - 48 hours
<input type="checkbox"/> Lumpectomy	<input type="checkbox"/> Other:		<input type="checkbox"/> 48 - 72 hours
<input type="checkbox"/> Mastectomy			<input type="checkbox"/> > 72 hours
<input type="checkbox"/> Other:			<input type="checkbox"/> unspecified

Referring Physician and Reporting Information:

Referring Pathologist:

Billing #

Hospital:

Address:

Telephone:

Fax:

For Laboratory Use Only: