

Version Date: 4/17/2007 Effective Date: 4/17/2007	Section: Special Hematology Sub-Section: <i>Molecular Hematology</i>
Title: 08-342-219-F Molecular Hematology Test Requisition	
Approvers: Director, Laboratory Medicine, Discipline Director, Special Hematology, Manager, Special Hematology	Page 1 of 1

Requisition and Referral Instructions for Molecular Hematology Investigation

1. Patient Information:

Patient Name: _____

Date of Birth: Year / Month / Day Gender: _____ HIN: _____

Referring Institution: _____

Pathologist/Ordering Physician: _____

Phone: _____ Fax #: _____

Attending Physician: _____

2. Specimen : (Please check one)

Referral

() Paraffin embedded Tumor/Lymph Node (site): _____

() Bone Marrow Aspirate/biopsy

() Peripheral Blood (3 mL EDTA stored and shipped at room temperature)

() Other : _____

3. Referral comments/ clinical details: (if available)

4. Investigations Requested:

-
- B-Cell gene rearrangement
- T-Cell gene rearrangement
- BCL-1 oncogene rearrangement (Mantle Cell lymphoma)
- JAK 2 (V617F) Mutation
- Other _____

Ship to:

Laboratory Reference Centre referrals ship via c/o Core Laboratory, Level 1, Hamilton General Hospital, 237 Barton Street East, Hamilton, Ontario, L8L 2X2

OR

HRLMP sites forward to Molecular Hematology and Genetics, Room 2N22, MUMC site

Print Status: