



Pathology Consultation and Biomarker Requisition

V10 Oct 2024

Internal use only

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.**

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: _____
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: 10% Neutral Buffered Formalin Other (specify fixative) _____
Fixation Duration: < 6 hours 6 – 48 hours 48 – 72 hours > 72 hours unspecified
Cold Ischemic Time: unspecified > 1 hour < 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.

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



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

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
- Gene amplification MDM2

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: _____

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

Other Tests

Placental-Molar Note: Please submit fetal and maternal samples

Other (please specify) _____

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