

**LAB USE ONLY** DO NOT FILL OUT

Date received: Y _____ M _____ D _____

Specimen type: _____

Condition: _____

MRN: _____ Tech: _____

Form 1b: MLH1/MSH2/MSH6/PMS2/EPCAM Somatic Tumor MMR Sequencing and Deletion/Duplication Test Requisition**Patient**

Last name: _____

First name: _____

Date of birth: Y _____ M _____ D _____

Gender: Male Female**Test Submission Requirements**1. MSI and/or IHC report2. Normal Sample Blood 5-10 ml

Date Collected: Y _____ M _____ D _____

3. Tumor sample: Formalin fixed paraffin embedded (FFPE) block (preferred)

Date Collected: Y _____ M _____ D _____

or 19 serial unstained unbaked slides (5-10 microns thick) with 1 adjacent unstained unbaked slide (4 microns thick)

Date Collected: Y _____ M _____ D _____

or Impact Genetics to procure block as detailed below**Request for Impact Genetics to procure the FFPE sample on your behalf**

Facility name: _____

Address: _____

City: _____ Prov/State: _____

Postal code: _____ Country: _____

Facility contact: _____

Telephone: _____ Fax: _____

Email: _____

 Patient is aware that the specimen is to be sent to Impact Genetics**Previous Test Results**

For MLH1 abnormal tumors:

Methylation analysis complete? Yes No

Result: _____

BRAF V600 analysis complete? Yes No

Result: _____

Germline analysis complete? Yes No

Result: _____

*Please provide report. Include coding (c.) and protein (p.) nomenclature for germline variant and genome build used.***Patient History**Colon cancer: Yes No

Diagnosis date: Y _____ M _____ D _____

Other clinical information: _____

_____**Family History** Isolated Case Positive Family History*Please complete pedigree.***Pedigree****Referring Specialist**

Name: _____

Specialty: _____

Contact: _____

Telephone: _____ Fax: _____

Email: _____

Signature: _____

Institution: _____

Address: _____

City: _____ Prov/State: _____

Postal/Zip code: _____ Country: _____

Additional copies to: _____

Email: _____ Fax: _____

Billing a) Institution

Provide details: _____

 b) Patient Pay*Complete Form 1d: Credit Card Authorization for Non-Covered Services.***1100 Bennett Road - Unit 4, Bowmanville, ON L1C 3K5****t: 647-478-4902 or 1-877-624-9769 f: 905-697-9786****e: info@impactgenetics.com** *Please use secure email*