

# KRAS Mutation Requisition

## Ontario Patients Only: LHIN 10 & 11

*(Please fill in the form online, then print)*

Kingston Health  
Sciences Centre

Centre des sciences de  
la santé de Kingston



### Kingston General Hospital site

Department of Pathology & Molecular Medicine

76 Stuart Street, Douglas 2, Room 8-218

Kingston, ON K7L 2V7

Tel: 613-549-6666 ext. 6827 Fax: 613-548-1364

#### PLEASE NOTE:

- 1- Incomplete requisitions will not be processed.
- 2- Hard copy must be faxed to Kingston General Hospital along with original Pathology Report.
- 3- Hard copy requisition must be signed by Referring Physician.

This patient has been diagnosed with non-squamous non-small cell lung cancer

Other (please provide more information)

### Ordered By:

Physician Name:

Clinic:

Address:

Province:  Postal code:

Tel:  Fax:  Email:

Specimen ID #:

Surgery date:  Location (Hospital Name):

Hospital address:

Hospital/Lab Contact Info:

**Original Pathology report will be faxed to KGH along with this requisition.**

**Oncologist will organize sending tissue/block samples to Kingston General Hospital.**

Physician  
Signature:

### TISSUE REQUIREMENTS:

One routinely stained slide and 5 unstained sections (4 microns) on uncharged slides and unbaked  
OR tumour tissue block (select most tumour rich block).

### Patient Information:

First Name:

Last Name:

Middle Name:

Hospital ID#:

Date of Birth:   
yyyy/mm/dd

HCN#:

Request date:   
yyyy/mm/dd

Male

Female