

Patient Information

Patient Name Date of Birth Sex: Male Female
(Last Name - First Name - Middle Initial) (YYYY-MM-DD)

Health Card Number Address City

Province Postal Code Telephone Number

Test Requested Follow It (Blood)

Diagnosis & Clinical History

Diagnosis

Stage

Additional Information (indicate all that apply)

Refractory

Metastasis

Relapse

Undergoing treatment

(Please indicate drugs used)

Molecular Testing

(Please provide details of previous molecular testing and results)

Reason For Referral

Therapeutic target identification

Acquired resistance to drug (Specify drug)

Other

Follow It Specimen Information

Follow It Blood Sample: # of STRECK tubes collected

Pathology report included: Yes No

Date Sample Collected (YYYY-MM-DD)

Ordering Physician Information

Name Practitioner #

Institution

Department

Address

City Province Postal Code

Country Email

Telephone Fax

Additional Physician(s) To Be Copied

Name Practitioner #

Institution

Department

Address

City Province Postal Code

Country Email

Telephone Fax

Ordering Physician's Signature

My signature below confirms that this test is medically necessary for the purpose of maintaining health, preventing disease or treating the illness of this patient.

Ordering Physician's Signature

Date Ordered (YYYY-MM-DD)

CH Lab Use Only

Sample Receipt Date CG (YYYY-MM-DD) Time

Laboratory number Initials

Accessioned by Checked by

Comments

Ship To:
Canexia Health
 2389 Health Sciences Mall,
 Suite 204, Vancouver, British Columbia,
 V6T 1Z3 | CANADA

Contact Information:
 tel: 778.379.2931
 fax: 778.379.3567
 test@contextualgenomics.com

Instructions for Completing the Test Requisition Form

Please ensure all sections of the TRF are completely filled out, as missing information may delay testing.

Patient Information

Please complete all the requested patient information in this section.

Ordering Physician/Additional Physician(s) Information

All ordering physicians and laboratories must provide complete contact information, including practitioner number. A secure Fax number (including area code) must be provided in order for Canexia Health to send final reports. If you require the report to be provided to any additional physicians or laboratories please complete the "Additional Physician(s) to be Copied" section.

Reason for Referral

Please indicate reason for referral and provide all relevant additional information, such as the name of the drug used.

Diagnosis and Clinical History

Please provide comprehensive information regarding clinical history and diagnosis as this information will be important in the interpretation of genomic findings and drug therapy recommendations. Diagnosis information must be provided on the TRF to ensure there are no testing delays.

Include any previous molecular test results including gene fusion FISH results, IHC, and molecular assays such as EGFR, KRAS, ER, PR, HER2 and others. If no previous molecular testing has been performed, please indicate "NONE" in the space provided.

Follow It Specimen Information

Peripheral blood for Follow It testing must be collected in two (2) full STRECK cell-free DNA BCTs and immediately gently inverted 10 times to ensure adequate mixing with the additive. Label tubes with at least two unique patient identifiers and the collection date. Under filling tubes, delayed mixing, or temperature fluctuations may have incorrect analytical results. If the sample quality has failed, the lab will request the blood collection site for a blood redraw. Samples must be submitted with the pathology report.

Please ensure that the Ordering Physician has signed and dated the Test Requisition Form

Instructions for patients:

Please bring your fully completed TRF to your local Ichor Blood Services patient service centre for blood collection.

Calgary

1122 40th Av NE Calgary, AB T2E 5T8

Edmonton

Unit 104 - 6060 Andrews Way SW, Edmonton, AB T6W 3S9

Phone: 1-844-424-6728

Hours: M-F, 8am-12pm, closed weekends

Red Deer

3939 50A Avenue, Unit 106, Red Deer

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2389 Health Sciences Mall, Suite 204, Vancouver,
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