

Contract Account #	ON: AC909 SK: AC907 BC: A8409	Saskatchewan patients, please see special instructions below	LifeLabs Demographic Label		
Ordering Physician #					
Ordering Physician Name	Name				
Ordering Physician Address & contact info:	Address Tel: _____ Fax: _____				
Physician 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 Please sign here			Additional Label (if needed)	
Copy-to Client: <input type="checkbox"/> Genetic Counsellor <input type="checkbox"/> Other Healthcare Provider	Copy-to Client name Tel: _____ Fax: _____				
Bill to Contract Code:	ON: AC909	SK: AC907	BC: A8409	Patient Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Patient Last Name:	Patient First Name:			Date of Birth: M M D D Y Y Y Y	
Unit #:	Street:	City:	Prov.:	Postal Code:	Patient Telephone: () -
Health Card #:					
TEST REQUESTED				ON-LL TC#	Mnemonic
<input type="checkbox"/> Contextual Genomics FOLLOW-IT liquid biopsy Must collect 2 Streck tubes				5896	FLWIT
Date Sample Collected	M M D D Y Y Y Y	Time Collected	H H M M	Collector Name	
Reason for Referral			Diagnosis and Clinical History		
<input type="checkbox"/> Therapeutic target identification <input type="checkbox"/> Acquired resistance to drug (please specify) <input type="checkbox"/> Other (please specify)			<input type="checkbox"/> Non-small cell lung cancer <input type="checkbox"/> Colorectal cancer <input type="checkbox"/> Breast Cancer <input type="checkbox"/> Other (please specify)		
			<input type="checkbox"/> Stage III <input type="checkbox"/> Stage IV <input type="checkbox"/> Relapse <input type="checkbox"/> Refractory		
Additional Clinical Information			Previous Molecular Testing		
Indicate all that apply and include pathology report. <input type="checkbox"/> Metastasis <input type="checkbox"/> Undergoing treatment Please indicate chemotherapy drug(s):			Including IHC, FISH, and other molecular assays, such as: EGFR, KRAS, ER, PR, HER2 <input type="checkbox"/> None performed <input type="checkbox"/> Yes (Please provide details below)		
Clinic Instructions for Ordering:					
1. Complete this requisition (1 page), all fields are mandatory. 2. To provide notice of incoming sample, please fax requisition and a copy of the pathology report to Contextual Genomics (1-778-379-3567). 3. Provide requisition to patient, and have them visit their local LifeLabs patient service centre for collection and payment (if applicable). Patients can book an appointment online or use the LifeLabs 'Save My Spot' mobile app.					
If you have any questions, please contact Contextual Genomics					
Tel: 1-778-379-2931; Fax: 1-778-379-3567; e-mail: test@contextualgenomics.com					

*** PHOTOCOPY REQUISITION AND INCLUDE 1 COPY WITH SAMPLES ***

Saskatchewan Patient Information

Monday – Thursday before 1pm and ONLY at designated collection sites listed below

LifeLabs (Midtown PSC)
5-29 23rd St. E., Saskatoon

LifeLabs (Towers PSC)
2723 Avonhurst Drive, Regina

SHIP WITH PANORAMA SAMPLES
FedEx Tracking # _____