

## 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

### Medicine Hat

677 South Railway Street, Unit 2, Medicine Hat

### Red Deer

3939 50A Avenue, Unit 106, Red Deer

### 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