

Bladder Predict™ Requisition

Request date:

Please note:

- 1- Only completed requisitions will be processed.
- 2- Hard copy has to be faxed to Mount Sinai Services along with original Pathology Report.
- 3- Hard copy requisition has to be signed by Oncologist or Surgeon .

Fax number: 647-826-1524

MSS Barcode ID Place Holder

INDICATION FOR TESTING:

- Research
 Diagnostic
 Metastasis
 Confirmatory
 Others:

Patient information:

First Name: Last Name: Middle Name:
 Date of Birth: HCN#: MRN:
 Male Female Unknown

Ordered By:

Physician First Name: Physician Last Name:

Clinic: Tel: Email:

Address: Province: Postal code:

Fax: Fax Report Agreement Signed?
 Link to the fax agreement through MSS.

Facility: Facility Name: Facility Address:

Form Completed by: Tel: Email:

CONFIRMATION OF INFORMED CONSENT AND MEDICAL NECESSITY FOR GENETIC TESTING:

By ordering testing, the undersigned person represents that he/she is a licensed medical professional authorized to order genetic testing OR is a representative of a licensed medical professional authorized to order genetic testing, acknowledges the patient has been supplied information regarding genetic testing and the patient has given consent for genetic testing to be performed and the signed consent form is on file. I confirm that this is medically necessary for the diagnosis or detection of a disease, illness, impairment, syndrome or disorder. I also confirm that these results will be used in the medical management and treatment decisions for this patient. My signature here applies to the attached letter of medical necessity (if applicable). I acknowledge that the information provided by me is true to the best of my knowledge.

Does this patient give consent to the use of his/her leftover of specimen for research? Yes No

Physician Signature:

Type of sample:

- Block
 Slides
 # of slides:
 Tissue-Surgical
 Tissue-Biopsy

Specimen ID #: Surgery date:

Laboratory Use only

Date Request Received:

Date Tissue Request sent:

Date Tissue Received:

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

Oncologist will organize sending tissue/block samples to Mount Sinai Services