



Interior Health

Laboratory Service

ONCOTYPE DX TEST REQUEST

Addressograph

All fields must be completed LEGIBLY (patient demographics may be addressograph)

Patient name (last, first) _____

PHN _____ BCCA patient Yes No BCCA No _____

Date of Birth _____ Sex M F

Requesting Physician _____ (dd/mmm/yyyy) MSC _____

Address _____ Phone _____

Originating Hospital _____ Path Specimen # _____

Patient consent for tissue acquisition

- I instruct the laboratory holding my tissue block(s) to forward a representative tissue block(s) to Genomic Health for Oncotype DX testing. I consent to have core specimens or sections removed from the block(s) for testing. Although it is unlikely that the tumour in the block(s) would be exhausted, I understand that if this does occur, further testing may not be possible on the block(s) submitted. I understand this test will not require any further surgery or biopsy.
- I agree that any required personal patient information be provided to Genomic Health to process this request.
- I understand that I must pay for this test myself, and agree that the Interior Health Laboratory will not be held responsible for any additional costs associated with this request. In the event that there are extra costs, they will be billed to me directly. **(only check this box if appropriate)**

Patient's Signature _____ Date _____

Witness' Signature _____ Date _____

Physician's Signature _____ Date _____

Instructions to the submitting Oncologist

Please submit this form and a completed Oncotype DX request form to the originating hospital laboratory that holds the patient's tissue(s). Note that unless both documents are submitted testing will not proceed.

Oncotype DX request form is available on the BC Cancer agency's website

<http://www.bccancer.bc.ca/HPI/labservices/PathologyRequestForms.htm>