

<b>PHSA Laboratories</b> A service of the Provincial Health Services Authority 655 W. 12 <sup>th</sup> Avenue, Vancouver, BC Canada V5Z 4R4 Client Service Tel: 1-877-747-2522 Fax: 604-707-2601				<b>SAMPLE TYPE:</b> SERUM <input type="checkbox"/> PLASMA <input type="checkbox"/> FLUID <input type="checkbox"/> TYPE: _____		<b>PATIENT INFORMATION (USE ADDRESSOGRAPH OR PRINT)</b>																																																																																				
				<b>SAMPLE DATE:</b> _____						SURNAME _____ GIVEN NAME _____ INIT _____ D.O.B. (D/M/Y) _____ SEX _____ B.C. CARE CARD # _____ BCCA # (IF AGENCY PATIENT) _____																																																																																
<b>TUMOUR MARKER LAB REQUISITION</b>						<b>PRIORITY</b> <input type="checkbox"/> Routine <input type="checkbox"/> Stat Sample must be received in TML by 1300 hours (not available for CgA)		Phlebotomist Initials: _____		<b>SAMPLE TIME:</b> _____																																																																																
<b>DIAGNOSIS / SYMPTOMS:</b> _____																																																																																										
<b>PHYSICIAN / REFERRING LAB INFORMATION</b>						<b>HISTORY AND RELEVANT DATA</b>																																																																																				
Order Physician: _____ MSC #: _____ Copy to Physician 2: _____ MSC #: _____ Copy to Physician 3: _____ MSC #: _____ Referring Lab / Hospital: _____ Address: _____ <input type="checkbox"/> Send copy of results to Referring Lab?						Circle <b>CURRENT TREATMENT</b>																																																																																				
						1 FOLLOW-UP PROGRAM																																																																																				
						2 PRE-OP																																																																																				
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						6 CHEMOTHERAPY and/or HORMONES																																																																																				
						7 PROTOCOL NAME: _____																																																																																				
<b>ADDITIONAL INFORMATION FOR BCCA PATIENTS</b>						Circle <b>CURRENT STATUS</b>																																																																																				
BCCA #: _____ SITE: <input type="checkbox"/> VCC <input type="checkbox"/> FVCC <input type="checkbox"/> VICC <input type="checkbox"/> CCSI <input type="checkbox"/> Outpatient - Clinic: _____ <input type="checkbox"/> Inpatient - Hosp. Unit: _____ <input type="checkbox"/> Consultative Clinic - Location: _____ (Outreach)						8 NED - NO EVIDENCE OF DISEASE 9 STABLE 10 IMPROVEMENT 11 PROGRESSION 12 NYD - NOT YET DIAGNOSED 13 METASTATIC SITE: _____ 14 RECURRENCE																																																																																				
<b>RESULTS DISPOSITION (FOR BCCA ONLY)</b>						Is the patient a smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No PPD? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient received diagnostic or therapeutic antibodies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate Dose: _____ Date: _____																																																																																				
<input type="checkbox"/> Phone Results to: _____ <input type="checkbox"/> Fax Results to: _____ <input type="checkbox"/> Station A <input type="checkbox"/> 5 East <input type="checkbox"/> Station B <input type="checkbox"/> 5 West <input type="checkbox"/> Station C <input type="checkbox"/> Brachy <input type="checkbox"/> Station D <input type="checkbox"/> Pod 1 <input type="checkbox"/> Other (Specify) _____						Additional Information _____																																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Circle</th> <th>TEST</th> <th>RESULT</th> <th>METHOD</th> <th>REFERENCE RANGE</th> <th>Circle</th> <th>TEST</th> <th>RESULT</th> <th>METHOD</th> <th>REFERENCE RANGE</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>CEA</td> <td></td> <td>Siemens Centaur</td> <td>&lt; 5 µg/L</td> <td>8</td> <td>SCC</td> <td></td> <td>Abbott Architect</td> <td>&lt; 1.5 µg/L</td> </tr> <tr> <td>2</td> <td>AFP</td> <td></td> <td>Siemens Centaur</td> <td>&lt; 8 µg/L</td> <td>9</td> <td>CA 15-3</td> <td></td> <td>Siemens Centaur</td> <td>&lt; 32 kU/L</td> </tr> <tr> <td>3</td> <td>Total hCG</td> <td></td> <td>Siemens Centaur</td> <td>&lt; 10 IU/L</td> <td>10</td> <td>CA 125</td> <td></td> <td>Siemens Centaur</td> <td>&lt; 30 kU/L</td> </tr> <tr> <td>4</td> <td>TESTOSTERONE</td> <td></td> <td>Roche e 411</td> <td>M ≤ 50 yrs 8.6-29 nmol/L M &gt; 50 yrs 6.7-26 nmol/L F ≤ 50 yrs 0.29-1.7 nmol/L F &gt; 50 yrs 0.10-1.4 nmol/L</td> <td>11</td> <td>CA 19-9</td> <td></td> <td>Siemens Centaur</td> <td>&lt; 35 kU/L</td> </tr> <tr> <td>5</td> <td>TOTAL PSA</td> <td></td> <td>Roche e 411</td> <td>&lt; 50 yrs &lt; 2.5 µg/L 50-59 yrs &lt; 3.5 µg/L 60-69 yrs &lt; 4.5 µg/L ≥ 70 yrs &lt; 6.5 µg/L</td> <td>12</td> <td>B2M</td> <td></td> <td>Contact TML Lab</td> <td>Contact TML Lab</td> </tr> <tr> <td>6</td> <td>FREE PSA</td> <td></td> <td>Roche e 411</td> <td rowspan="2" style="text-align: center;">SUBJECT TO INTERPRETATION</td> <td>13</td> <td>CHROMOGRANIN A</td> <td></td> <td>Cisbio ELISA</td> <td>&lt; 94 µg/L</td> </tr> <tr> <td>7</td> <td>PSA % FREE vs TOTAL</td> <td></td> <td>Roche e 411</td> <td>14</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>												Circle	TEST	RESULT	METHOD	REFERENCE RANGE	Circle	TEST	RESULT	METHOD	REFERENCE RANGE	1	CEA		Siemens Centaur	< 5 µg/L	8	SCC		Abbott Architect	< 1.5 µg/L	2	AFP		Siemens Centaur	< 8 µg/L	9	CA 15-3		Siemens Centaur	< 32 kU/L	3	Total hCG		Siemens Centaur	< 10 IU/L	10	CA 125		Siemens Centaur	< 30 kU/L	4	TESTOSTERONE		Roche e 411	M ≤ 50 yrs 8.6-29 nmol/L M > 50 yrs 6.7-26 nmol/L F ≤ 50 yrs 0.29-1.7 nmol/L F > 50 yrs 0.10-1.4 nmol/L	11	CA 19-9		Siemens Centaur	< 35 kU/L	5	TOTAL PSA		Roche e 411	< 50 yrs < 2.5 µg/L 50-59 yrs < 3.5 µg/L 60-69 yrs < 4.5 µg/L ≥ 70 yrs < 6.5 µg/L	12	B2M		Contact TML Lab	Contact TML Lab	6	FREE PSA		Roche e 411	SUBJECT TO INTERPRETATION	13	CHROMOGRANIN A		Cisbio ELISA	< 94 µg/L	7	PSA % FREE vs TOTAL		Roche e 411	14				
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