

PHSA Laboratories

A service of the Provincial Health Services Authority

655 W. 12th Avenue, Vancouver, BC Canada V5Z 4R4
Tel: Customer Service 1-877-747-2522 Fax: 604-708-8027

SAMPLE TYPE:

- SERUM
PLASMA
FLUID

TYPE: _____

PATIENT INFORMATION (USE ADDRESSOGRAPH OR PRINT)

SURNAME _____ GIVEN NAME _____ INIT _____

D.O.B. (D/M/Y) _____ SEX _____

B.C. CARE CARD # _____

BCCA # (IF AGENCY PATIENT) _____

TUMOUR MARKER LAB REQUISITION

PRIORITY

Routine Stat

ASAP results within 4 hours

Sample must be received in TML by 1300 hrs (not available for PAP/SCC)

Phlebotomists Initials: _____

SAMPLE DATE: _____

SAMPLE TIME: _____

DIAGNOSIS / SYMPTOMS:

PHYSICIAN / REFERRING LAB INFORMATION

Ordering Physician: _____ MSC# _____

Additional Physicians: _____ MSC# _____

Referring Lab / Hospital: _____ MSC# _____

Address: _____

Send copy of results to Referring Lab?

HISTORY AND RELEVANT DATA

CURRENT TREATMENT

- 1 FOLLOW-UP PROGRAM
- 2 PRE-OP
- 3 POST-OP
- 4 PRE-TREATMENT
- 5 RADIOTHERAPY
- 6 CHEMOTHERAPY and/or HORMONES
- 7 PROTOCOL NAME: _____

CURRENT STATUS

- 8 NED - NO EVIDENCE OF DISEASE
- 9 STABLE
- 10 IMPROVEMENT
- 11 PROGRESSION
- 12 NYD - NOT YET DIAGNOSED
- 13 METASTATIC SITE: _____
- 14 RECURRENCE

ADDITIONAL INFORMATION FOR BCCA PATIENTS

BCCA #: _____ SITE: VCC FVCC VICC CCSI

Outpatient - Clinic: _____

Inpatient - Hosp Unit: _____

Consultative Clinic - Location: _____
(Outreach)

RESULTS DISPOSITION

Phone Fax Results to: _____

Mail Results to: Dr.: _____
Address: _____

Send Copies to: Dr.: _____
Address: _____
Dr.: _____
Address: _____

IS PATIENT A SMOKER? _____ PPD? _____

Has patient received diagnostic or therapeutic monoclonal antibodies?

If so indicate Dose: _____
Date: _____

Additional Information, if any

<input type="radio"/>	TEST	RESULT	METHOD	NORMAL S.I. UNITS	<input type="radio"/>	TEST	RESULT	METHOD	NORMAL S.I. UNITS
1	CEA		Abbott Architect	< 4 ug/L	11	SCC		Abbott IMX	< 1.5 ug/L
2	AFP		Abbott Architect	< 11 ug/L	12	CA 15-3		Abbott Axsym	< 28 kU/L
3	B-HCG		Abbott Architect	< 5 IU/L	13	CA 125		Abbott Axsym	< 35 kU/L
4	TESTOSTERONE		Abbott Architect	M: <50yrs=5.8-30.7 nmol/L >50yrs=5.5-19.7 nmol/L	14				
5	PAP		Abbott IMX	< 2 ug/L	15	CA 19-9		Abbott Architect	< 37 kU/L
6	PSA - TOTAL		Abbott Architect	<50yrs = <2.5 ug/l 50-60yrs = <3.5 ug/l 60-70yrs = <4.5 ug/l 70yrs = <6.5 ug/l	16	B ₂ M		Abbott Axsym	< 2 mg/L
7	PSA - FREE		Abbott Architect	SUBJECT TO INTERPRETATION	17				
8	PSA - FREE VS TOTAL RATIO		Abbott Architect		18	PHENYTOIN		Abbott TDX	40-80 um/L
9					19				
10	METHOTREXATE		Abbott TDX	< 0.02 umol/L	21	CHROMOGRANIN A		Dako Elisa	< 40 U/L