



THE HOSPITAL FOR  
SICK CHILDREN

Paediatric  
Laboratory Medicine

MOLECULAR  
HAEMATOPATHOLOGY  
LABORATORY

555 University Avenue  
Room 3603, Atrium  
Toronto, ON, M5G 1X8, Canada

Tel: 416-813-7200  
Fax: 416-813-5431

Last Name:

First Name:

Date of Birth (DD/MM/YYYY):

Gender:  Male  Female

Address:

For Canada Only

Provincial Health Card #:

Version:

Issuing Province:

MOLECULAR HAEMATOPATHOLOGY

Referred-in Requisition

SPECIMEN

- Blood in EDTA (Lavender top tube) at room temperature (minimum 2 mL)

DELIVERY OF SPECIMENS

Monday to Friday between 8:30 AM to 5:00 PM

Address:

The Hospital for Sick Children  
Rapid Response Laboratory  
170 Elizabeth Street, Room 3642  
Toronto, ON, M5G 2G3, Canada

SPECIMEN COLLECTION

DATE (DD/MM/YYYY)

TIME (HH:MM)

COLLECTED BY

CLINICAL INFORMATION

TESTS

Factor V Leiden

JAK2

Prothrombin

Methylene tetrahydrofolate Reductase (MTHFR)

TPMT Genotyping

FLT-3 ITD

Other: \_\_\_\_\_

RESPONSIBLE / REFERRING PHYSICIAN

Name (print) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_

COPY OF REPORT TO:

Name (print) \_\_\_\_\_

Address \_\_\_\_\_

FOR LABORATORY USE ONLY:

Y# \_\_\_\_\_ P# \_\_\_\_\_

Comments: \_\_\_\_\_

Date received: \_\_\_\_\_

Technologist: \_\_\_\_\_