

## CEA AUTHORIZATION FORM

Patient Name: \_\_\_\_\_

Patient date of Birth: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Patient Address: \_\_\_\_\_

**REASON FOR ORDERING CEA ASSAY ACCORDING TO OCTRF POLICY, JULY 1996. (Do not repeat more often than every 28 days). Please check appropriate box.**

- Pre-operative for patient with clinical diagnosis of colorectal cancer.
- Patient is currently receiving adjuvant therapy or follow-up for Stage II or III colorectal cancer.
- Patient is currently receiving treatment for metastatic colorectal disease. This is the most appropriate way to monitor response (not more frequently than every 2 cycles of treatment).
- Patient being treated for metastatic bone cancer. This is the most appropriate way to monitor response to therapy.

**PLEASE NOTE: CEA Assays are funded by OCTRF only for those patients who meet the above criteria.**

Signature of Clinician: \_\_\_\_\_

Printed Name of Clinician: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

This completed requisition should be sent to the laboratory each time a CEA assay is ordered. Unless this form is submitted, the laboratory will not do the testing.