



PATIENT NAME: _____

ADDRESS: _____

HEALTH INSURANCE NO.

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REASON FOR ORDERING CEA ASSAY ACCORDING TO CCO (Formerly OCTRF) POLICY, JULY 1996.
(Do not repeat more often than every 28 days.)

- 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 is being treated for metastatic breast cancer. This is the most appropriate way to monitor response to therapy.

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

- Patient does not meet the above criteria. Please proceed with testing. Patient will receive an invoice.

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 HAS BEEN SUBMITTED, THE LABORATORY WILL NOT RECEIVE REIMBURSEMENT THROUGH THIS PROGRAM.

Revision #: 3	Issue Date: January 6, 2015	Date Effective: January 16, 2015
Revised By: Marlene Klyn / Pat Beauchamp	Department: Ontario Patient Services	