

Color Test Requisition

PATIENT INFORMATION

Last Name _____

First Name _____

Date of Birth _____
Year / Month / Day

Health Ins. No. _____

Sex F M

Address _____
No Street Apt.

_____ City Province Postal code

Tel _____

E-mail _____

PRESCRIBER INFORMATION

Last Name _____

First Name _____

Clinic _____

Address _____
No Street Office

_____ City Province Postal code

Tel _____

Fax _____

Fax CC _____

E-mail _____

TEST INFORMATION

Color 30-gene test for hereditary cancer risk

Please contact the patient for a pre-test genetic counselling session

Reason for testing:

Identify genetic risk for hereditary cancers

Screen for mutations known or suspected to run in the family.
Please send in relatives' report if possible.

Type of cancer: _____

Affected gene: _____

Specific mutation (if known): _____

Other reason: _____

PHYSICIAN SIGNATURE

By completing and submitting this requisition, I attest that I am the ordering physician or am authorized under applicable laws and regulations to order the Color Test for the patient. I further attest that any information entered on this requisition, or otherwise provided by me on behalf of the patient, is true and correct to the best of my knowledge, and that the patient has consented to receive communications about the Color Test from Dynacare and Color. I have fully informed the patient about the purpose, capabilities and limitations of the Color Test. The patient has voluntarily given full consent for the Color Test and a signed copy of this consent will be submitted with the sample. Any Color Informed Consent that the patient agrees to at a later date will supersede and replace this Informed Consent.

Physician Signature _____

Date _____ Licence No. _____
Year / Month / Day

Patient Instructions

If your provider does not have Color kits in their office, call Dynacare Customer Care at **888.988.1888**. We will ship a kit to your home to collect the sample at your convenience. If you would like assistance with the collection, you can book an appointment with one of our specially trained medical technicians who will come to your home at no extra charge.*

*Depending on distance, additional charges may apply.

Test Submission Checklist

You will receive the following documents with your kit. Please make sure to complete, sign and return them to us with your sample:

- Informed Consent for Genetic Testing, please sign the last page
- Health History Form
- Payment Form, if applicable
- This Requisition, signed by your physician