

Wpc1

From: Reid, Mona
Sent: Tuesday, September 18, 2007 9:53 AM
To: 'Barry.Dyer@easternhealth.ca'
Cc: Mendes, Maria
Subject: ER/PR information
Attachments: ERPR Flow Chart for NFLD Sept 07.doc; ERPR QA cases REQUEST form Sept 2007.doc; Retrospective ERPR cases REQUEST form Sept 2007.doc

Hi Barry,

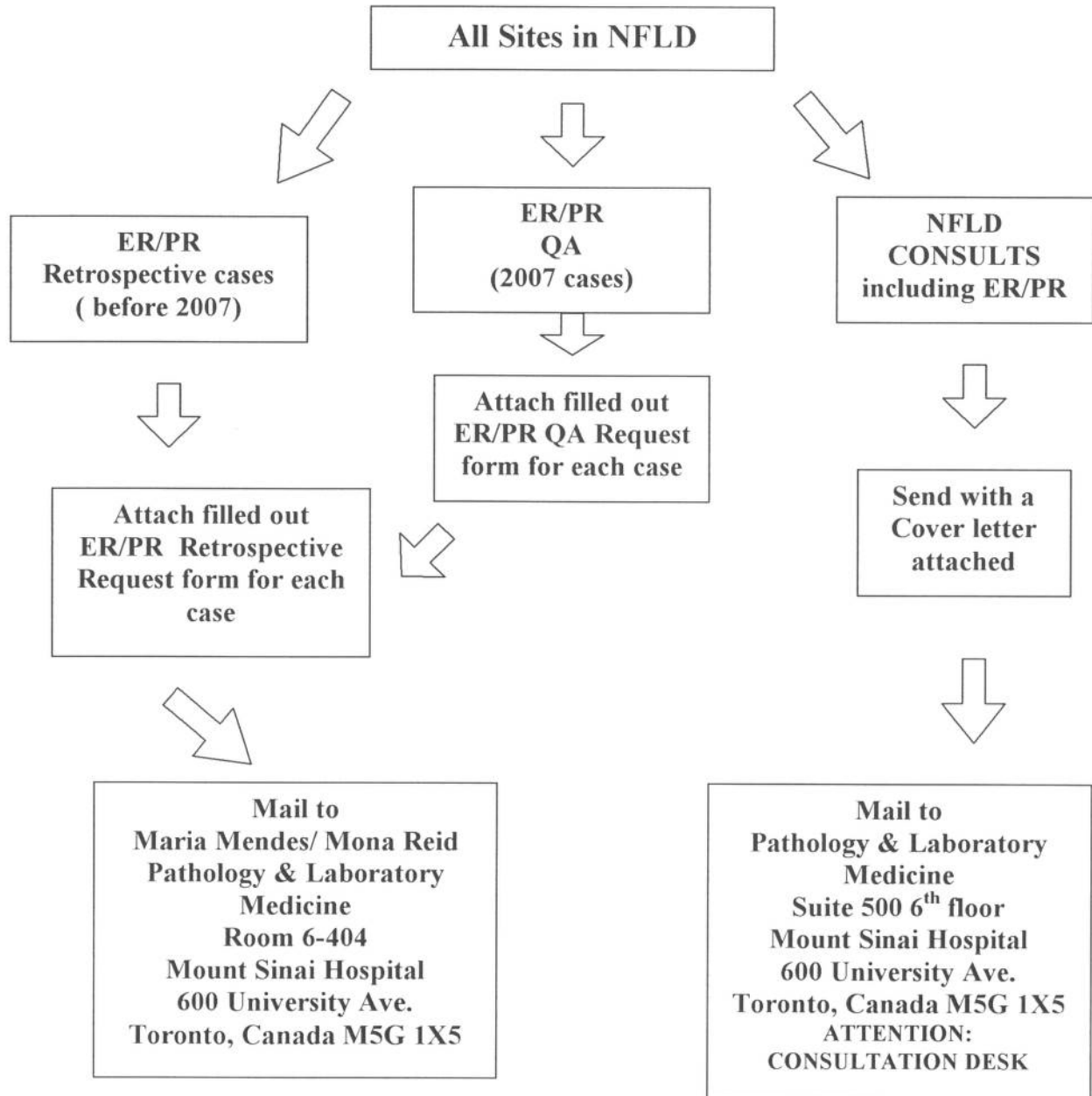
Dr. Denic informed me that you will be our lab contact for the ER/PR cases. I was asked to send you the above copies for your information. The request forms are just copies. I will be sending you PDF versions as soon as I can get them made. If you need to use these right away, go ahead and use these copies for now. If you have any questions as to the above copies please e-mail or call me at the nos. below.

Thanks
Mona

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NEWFOUNDLAND ER/PR FLOW CHART





REQUEST FOR SERVICE FORM

Date:

Testing Hospital: *Mount Sinai Hospital*

Directed to:

Newfoundland QA cases (2007) for ER/PR

CLINIC CODE : NLERP

Patient Demographics

Patient Name:		Referring Pathologist to send report to:	
Date of Birth:		Province:	
Originating Hospital		Fax:	
OHIP/HIN/MCP #			

Specimen Information

Specimen Number:			
Number of Block(s) sent:			
Number of Slide(s) sent:			
Sample Type:	<input type="checkbox"/> core biopsy <input type="checkbox"/> lumpectomy	<input type="checkbox"/> wire localization <input type="checkbox"/> mastectomy	<input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> unspecified

Fixation used	<input type="checkbox"/> 10% Buffered Formalin <input type="checkbox"/> Other: specify:
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Comments

Please attach pathology report.

Form# MH-ER/PR -2 Reviewed by:

Date:



REQUEST FOR SERVICE FORM

Date:

Testing Hospital: *Mount Sinai Hospital*

Directed to:

Newfoundland Retrospective cases (dated before 2007) for ER/PR

CLINIC CODE : NLERP

Patient Demographics

Patient Name:		Referring Pathologist to send report to:	
Date of Birth:		Province:	
Originating Hospital		Fax:	
OHIP/HIN/MCP #			

Specimen Information

Specimen Number:			
Number of Block(s) sent:			
Number of Slide(s) sent:			
Sample Type:	<input type="checkbox"/> core biopsy <input type="checkbox"/> lumpectomy	<input type="checkbox"/> wire localization <input type="checkbox"/> mastectomy	<input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> unspecified

Fixation used	<input type="checkbox"/> 10% Buffered Formalin <input type="checkbox"/> Other: specify:
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Comments

Please attach pathology report.

Form# MH-ER/PR -1 Reviewed by:

Date: