### 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.

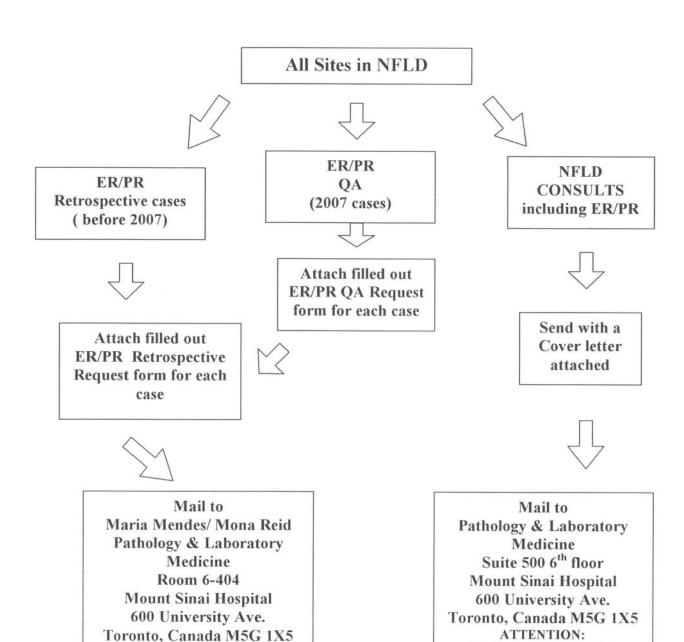
Thanks Mona

Mona Reid, MLT Molecular Histology, Division of Special Histology Mount Sinai Hospital 600 University Ave. Toronto, Ontario 416-586-4800 X2573 mreid@mtsinai.on.ca

### CIHRT Exhibit P-2382 Page 2

Molecular Histology Laboratory, Division of Special Histology PATHOLOGY AND LABORATORY MEDICINE Mount Sinai Hospital, Toronto, M5G 1X5

## **NEWFOUNDLAND ER/PR FLOW CHART**



CONSULTATION DESK



# REQUEST FOR SERVICE FORM

	ount Sinai Hospital			
Directed to:				
Newfoundland Q	A cases (2007) for ER/PR			
<b>CLINIC CODE: NI</b>	LERP			
Patient Demographics				
	Referring			
Patient Name:	Pathologist			
	to send report to:			
Date of Birth:	Province:			
Originating	Fax:			
Hospital OHIP/HIN/MCP #				
OIIII/IIIIV/IVICI #				
Specimen Information				
Specimen Number:				
Number of Block(s) sent:				
Number of Slide(s) sent:				
Sample Type:	□ core biopsy □ wire localization □ right □ left □ lumpectomy □ mastectomy □ unspecified			
Fixation used	☐ 10% Buffered Formalin ☐ Other: specify:			
Comments				
Please attach pathology	report.			
Earns# MI	LED/DD 2 Davisous but			
FOIII# MIF	H-ER/PR -2 Reviewed by: Date:			



# REQUEST FOR SERVICE FORM

Date.	17 . 61 . 177 .	0.41			
Testing Hospital:  Directed to:	Mount Sinai Hospii	ount Sinai Hospital			
	Retrospective ca	ses (dated before 2	007) for ER/PR		
1 to the to different diff	ren ospecuve ca	ses (united before 2	oor) for Elvit K		
CLINIC CODE:	NLERP				
Patient Demographics					
Patient Name:		Referring Pathologist to send report to:			
Date of Birth:		Province:			
Originating Hospital		Fax:			
OHIP/HIN/MCP #					
Specimen Number: Number of Block(s) so Number of Slide(s) so	ent:				
Sample Type:	□ core biopsy □ lumpectomy	<ul><li>□ wire localization</li><li>□ mastectomy</li></ul>	☐ right ☐ left ☐ unspecified		
Fixation used		□ 10% Buffered Formalin □ Other: specify:			
Comments					
Please attach patholo	ogy report.				
Form#	Date:				