

LifeLabs® CARCINOEMBRYONIC ANTIGEN (CEA) REQUISITION

PATIENT'S NAME: _____

DATE OF BIRTH: ___/___/___ SEX: ___ ___
(DD / MON / YYYY)

ONTARIO HEALTH INSURANCE NUMBER: _____
Health Number Version

FUNDED TESTING - REASON FOR ORDERING:

NOTE: CEA (L690) is an insured service only when carried out in accordance with Cancer Care Ontario guidelines for monitoring established malignancies, and not as a general cancer screen.

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

DATE OF LAST CEA TEST: _ ___/___/___
(DD / MON / YYYY)

*******NOTE:** *Regardless of the reason, CEA testing that occurs more frequently than every 28 days is not ministry funded, and the patient will be required to pay.******

SELECT THE FUNDED REGIONAL TESTING LOCATION:

- TR#640 for Hamilton General Hospital
- TR#643 for Thunder Bay Regional Hospital
- TR#650 for Sunnybrook Hospital
- TR#1606 for Victoria Hospital London
- TR#1835 for Ottawa General Hospital

NON-FUNDED TESTING (performed at LifeLabs)

- Patient does not fit the above criteria but is willing to pay the fee of \$52 for this test.

NOTE: It is strongly recommended to monitor serial CEA results in the same laboratory. Changes in serial results may be misleading unless all CEA results are from the same laboratory method.

Printed Name of Clinician: _____ Signature: _____

Telephone Number: _____ Date: _____

This completed requisition must accompany the patient each time a funded CEA assay is requested.

For Inquires, contact LifeLabs Customer Care Centre 1-877-849-3637