

Cancer Care Ontario (CCO) CEA Requisition Form

Patient Name:	
Date of Birth:	dd / mm / yy
Ontario Health Insurance Number:	
REASON FOR ORDERING CEA ASSAY ACCORDING TO CCO POLICY (July 1996). (Do not repeat more often than 28 days)	
<input type="checkbox"/> Preoperative level for patient with clinical diagnosis of colorectal cancer <input type="checkbox"/> Patient is currently receiving adjuvant therapy or follow-up of Stage II or III colorectal cancer <input type="checkbox"/> Patient is currently receiving treatment for metastatic colorectal disease. This is the most appropriate way to monitor response. (Do not repeat more often than every 2 cycles of therapy) <input type="checkbox"/> Patient is being treated for metastatic breast cancer. This is the most appropriate way to monitor therapy	
<i>CEA assays are funded by CCO for those patients who meet the above criteria only.</i>	
<input type="checkbox"/> Patient does not fit the above criteria but is willing to pay for the testing	
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.	