



MaRS Centre, South Tower
101 College Street, Suite 200
Toronto, Ontario M5G 1L7

Phone: 647-255-1370
Fax: 1-855-566-0488
Email: straticyte@proteocyteai.com

Check list before sending the Straticyte™ Request Form to your Pathology laboratory:

- Requisition has been completed, signed, and dated by physician.
- Patient has been informed about the Straticyte test and has had opportunity to ask any questions.
- Patient signed and dated the Patient Consent section at the bottom of the requisition.
- Make two extra copies of the signed document:
 - Patient receives a copy.
 - Keep a copy in the patient chart.
- Send completed Straticyte Request form (original) with your biopsy requisition/sample to your Pathology laboratory.



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Straticyte™ Request Form

Patient Last Name:	Patient First Name:
Patient Date of Birth:	

Clinical Diagnosis:	Biopsy is:	<input type="checkbox"/> Excisional
Prior treatment if any:		<input type="checkbox"/> Incisional
Post biopsy treatment if any:		

Referring Clinician (Print):	Clinic Name:
Address:	Clinician Phone #:
Signature:	Clinician Fax #:
	Date:

PATHOLOGY SERVICES

Surgical #:	Final diagnosis (if known):
Pathologist Name (Print):	Hospital/Laboratory:
Signature:	Date:

SLIDE PREPARATION & SHIPPING

- 1 – Please prepare four (4) unstained sections and mount them on four (4) charged slides (positively charged slides for standard IHC).
- 2 – Complete this form. If final diagnosis is not available, please fax at later time to 1-855-566-0488.
- 3 – Please send the unstained slides together with this form to:
Ms. Mona Reid
Mount Sinai Services
Room 6-414, 600 University Avenue
Toronto, Ontario, Canada M5G 1X5

PATIENT CONSENT

I have read and understood that Straticyte is an assessment that provides the risk for an oral lesion turning into cancer within 5 years. I understand that I will receive the standard of care treatment with or without this test and my personal information will be protected properly. I consent to have the test results transmitted electronically or fax to other health care providers for diagnostic or treatment purposes, as well as insurance carriers when requested to process the claim. I also consent to Proteocyte AI contacting my physician to receive any future outcome information.



Predicting Your Risk Of Developing Oral Cancer

Patient Signature:

Date: