# CANCER GENETICS AND GENOMICS LABORATORY
## SOLID TUMOUR TESTING - MOLECULAR

BC CANCER
DEPT. OF PATHOLOGY AND LABORATORY MEDICINE
ROOM 3307 - 600 WEST 10TH AVENUE
VANCOUVER BC V5Z-4E6

604-877-6000 EXT 67-2094
FAX: 604-877-6294
MON-FRI 8:30AM-4:30PM
WWW.CANCERGENETICSLAB.CA
CANCERGENETICSLAB@BCCANCER.BC.CA

ADDRESSOGRAPH OR PATIENT LABEL

### PATIENT INFORMATION

| Last Name | First and Middle Names | |
|---|---|---|
| Date of Birth dd/mmm/yyyy | Gender ☐ Male ☐ Female ☐ Non Binary/Other/not disclosed | |
| PHN | BC Cancer ID | Cerner MRN |

### REQUESTING PHYSICIAN

| Name | MSC |
|---|---|
| Phone | Fax |
| Address | |

NOTE: PHYSICIAN SIGNATURE REQUIRED (BELOW)

### SPECIMEN

| Specimen Type | Originating Hospital | Collection Date dd/mmm/yyyy |
|---|---|---|
| ☐ FFPE Block<br>☐ Plasma ccfDNA<br>☐ CGL Specimen<br>☐ Other _____ | Referring Lab/Hospital Sample ID | Tissue Type |
| | Tumour Content (%) | Specimen Cellularity (%) |

### COPY PHYSICIANS (ALL INFORMATION IS NECESSARY)

| Name | MSC |
|---|---|
| Address | |
| Name | MSC |
| Address | |
| Name | MSC |
| Address | |

### REASON FOR TESTING / DIAGNOSIS / CLINICAL HISTORY (REQUIRED FOR TEST TO PROCEED)

| INDICATION | | MOLECULAR TESTING FFPE BLOCK WILL BE SCROLLED OR CORED | |
|---|---|---|---|
| **Breast Cancer** | *Metastatic, HR+, HER2- Only* | ☐ OncoPanel | |
| **Colorectal Cancer** | *Non-Metastatic MLH1 deficient* | ☐ *BRAF* V600 | |
| | *Metastatic* | ☐ OncoPanel | |
| **Gastrointestinal Stromal Tumour** | | ☐ OncoPanel | |
| **Glioblastoma** | | ☐ *MGMT* promoter methylation | |
| **Glioma** | *Low Grade Infiltrating* | ☐ Focus Panel | |
| **Lung Cancer** | *Non-Squamous, Non-Neuroendocrine* | Stage IB to IIIA | ☐ Focus Panel (Includes *ALK* IHC/FISH, *PD-L1* IHC) |
| | | Stage IIIB to IV | ☐ Focus Panel (Includes *ALK* IHC/FISH, *PD-L1* IHC) |
| | | Progressing on TKI | ☐ *EGFR* T790M ctDNA (Plasma ccfDNA)<br>☐ Focus Panel (Tissue Biopsy) — Treatment: |
| **Melanoma** | *Stage III* | ☐ *BRAF* V600 | |
| | *Non-Resectable/Metastatic* | ☐ Focus Panel **OR** ☐ OncoPanel | |
| **Ovarian/Fallopian Tube/Peritoneal Cancer** | *High-grade serous* | ☐ OncoPanel | |
| **Prostate Cancer** | *Metastatic* | **Order OncoPanel first**<br>☐ OncoPanel (Tissue Biopsy) | **ctDNA if tissue unavailable/inadequate**<br>☐ ctDNA Panel (Plasma ccfDNA) |
| **Salivary Cancer** | | ☐ Focus Panel | |
| **Thyroid Carcinoma** | *Medullary and differentiated* | ☐ Focus Panel | |
| **Other** | | ☐ _____ For approval, email CancerGeneticsLab@bccancer.bc.ca | |

### INSTRUCTIONS/NOTES

**Requesting Physician:** For FFPE specimens, please complete, sign, and fax form to the hospital pathology lab holding the specimen (not CGL)

**Hospital Pathology Lab:** Please ship specimen with copies of this form and path report to:
BCCA Pathology - Room 3225, 600 West 10th Avenue, Vancouver BC V5Z 4E6

| PHYSICIAN SIGNATURE (REQUIRED) | DATE |
|---|---|

| LAB USE ONLY | FFPE Blocks | Scrolls | H&E | IHC | Unstained | ccfDNA | Tumour Content % | Cellularity % | Pathologist Initials | Notes |
|---|---|---|---|---|---|---|---|---|---|---|

*The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts.*