ADDRESSOGRAPH OR PATIENT LABEL

BC CANCER

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

CANCER GENETICS AND GENOMICS LABORATORY

MYELOID TESTING

CANCERGENETICSLAB@BCCANCER.BC.CA

| 604-877-6000 EXT 67-2094 |
|--------------------------|
| Fax: 604-877-6294 |
| Mon-Fri 8:30AM-4:30PM |
| WWW.CANCERGENETICSLAB.CA |
| |

| PATIENT INFORMATION | | | | | | | | REQUESTING PHYSICIAN | | | | | |
|---------------------------------|--------------------------------------|---------------------------------|-----------------|---------------------------------------|---------------------------------|---------------------------|--|---------------------------------------|---|---|----------------------|------------------------|----------------------|
| Last Name | | | | | First and Middle Names | | | | Name | | | MSC | |
| Date of Birth (dd/mmm/yyyy) Gen | | | | er ale | Female | Non Bina | ary/Other | r/not disclosed | Phone F | | Fax | | |
| PHN BC C | | | | | D | Cerner M | IRN | | Address | | | | |
| SPECIMEN | | | | | | | | | NOTE: PH | YSICIAN SIGNATURE REQU | IRED (BELOW | ı) | |
| Specim | en Type | Originating H | lospital | | | Collection | Date dd/ | mmm/yyyy | | HYSICIANS (ALL INFO | • | | RY) |
| PB | | | | | | | Myeloid Panel may detect | | Name MSC | | | | |
| | Aspirate A (PBBM) | Referring Lal | h/Hospi | ital Sar | mple ID | Important: N | | | | | | | |
| | er | | -, | variants | | | s associated with hereditary | | Address Name MSC | | | | |
| Re | ASON FOR TESTI | NG / DIAGNO | SIS / CL | INICA | L HISTORY (RE | conditions QUIRED FOR | TEST TO | PROCEED) | Address | | | | |
| | | • | | | | | | | Name MSC | | | | |
| | | | | | | | | | Address | | | | |
| | | | | | CYTOGENETICS | | | | | | | | |
| SEE PA | GE 2 FOR ACCEPT | TED SAMPLE T | YPES | | (FISH, KARYO | | | | | Molecular | | | |
| | | | | 2 BN | /I specimens r | equired: | New D | iagnosis | All 3 specimens required prior to initiation of therapy: | | | | |
| | | | | (aryotype (BM | | | | | Myeloid Panel / Rapid AML Mutation Panel | | | | |
| | | | | C | OGM (BM in ED | TA) | | | (BM in EDTA for DNA) MRD Baseline (BM in EDTA for RNA) | | | | |
| | Acute Myeloid | l Leukemia | | F | ISH (specify p | robes): | | | | MRD Baseline (PB in | | | |
| | Acute Myelola Leakellia | | | | | | MRD Monitoring | | | t(8;21) **Restricted to patients being | | | |
| | | | | | | | | | inv(16)/t(16;16) treated with intensive chemo | | | | |
| | | | | | | | | 1/5 () | | NPM1 and/or eligible for HSCT ** | | | |
| - | Acute Promyelocytic Leukemia | | | | 1.41 ·· D.4.D.4.±/41 | F 47\ FIGU | Relaps | ed / Refractory | | FLT3 ITD & TKD | | | |
| | | | | | ML::RARA t(1! // specimens r | | PML::RARA | | MRD Baseline MRD Monitor que | | | | |
| | | | | | aryotype (BM | - | | | | | | | query APL |
| ₽ | | | | GM (BM in ED | | | | | | | | | |
| MYELOID | | | | | CR::ABL1 t(9;2 | • | | | | | | | |
| Σ | Chronic Myelo | | | /I specimens i aryotype (BM | - | BCR::ABL1 | | MRD Baseline MRD Monitor | | | | | |
| | • | | | | GM (BM in ED | | | | Kinase Domain Current therapy: | | | | |
| | Mast cell disease | | | | , | , | KIT D816V/F | | | | | | |
| | | | | | /I specimens i | | Myeloid Panel (BM only) See CGL website for eligibility criteria | | | | | | |
| | Myelodysplastic Syndrome | | | | aryotype (BM GM (BM in ED | | BM and cytogenetic re | | report required to activate myeloid panel | | | | |
| - | | | | | CR::ABL1 t(9;2 | | Single-Gene | | gry JAK2 V617F MPN | | | | |
| | | | | | /I specimens i | - | | | | | | | |
| | Myeloproliferative Neoplasm | | | | , CMML only) | | Myeloid panel (BM only) BM report required to activate myeloid panel | | | | | | |
| | | | | | aryotype (BM GM (BM in ED | | | | | | | | hysicians only) |
| - | VEXAS Syndrome | | | | OIVI (DIVI III ED | irij | UBA1 mutation screen (restricted to hematology) | | | | | | |
| | Chimerism | | | | | | Pre-transplant: Donor Recipient | | | | | | |
| Отнек | | | | | | | Post-transplant Post-transplant | | | | | | |
| 0 | Neoplasm with Eosinophilia | | | | SH Panel | | | | | | | | |
| | Multiple Myeloma | | | | SH Panel (BM | in media) | | | | | | | |
| PHYSIC | IAN SIGNATURE | (REQUIRED) | | | | | | | | DATE | | | |
| LAB USE | PB NaHEP | PB EDTA | BM EI | DTA | BM Media | Othe | er | | | | | | |
| ONLY | | | | | | | | | | | | | |
| The | personal information collected on th | nis form is collected under the | authority of th | ne Personal Ir | nformation Protection Act. The | personal information is u | ised to provide med | lical services requested on this requ | uisition. The informa | ntion collected is used for quality assurance r | management and discl | losed to healthcare pr | actitioners involved |



CANCER GENETICS AND GENOMICS LABORATORY MYELOID TESTING

ACCEPTED SAMPLE TYPES FOR EACH TEST REQUEST

- Additional information and shipping information found on the Cancer Genetics and Genomics Laboratory website: https://cancergeneticslab.ca/guidelines/specimens/
- Separate tubes are required for each test requested with different extraction methods (e.g. If FLT3 (DNA), MRD baseline (RNA) and cytogenetics are requested; three tubes of each sample should be collected

| | | PB | BN | Л | MAA | |
|---------|---|------------|------------|---------|-------|----------|
| | CYTOGENETIC (FISH, KARYOTYPE) | NAHEP | MEDIA TUBE | EDTA | PB/BM | |
| MYELOID | Acute Myeloid Leukemia | FISH | 6ml | 2 x 1ml | 1ml | ✓ |
| | Acute Promyelocytic Leukemia Chronic Myelogenous Leukemia | Karyotype | | 2 x 1ml | | ✓ |
| | Myeloproliferative Neoplasm Myelodysplastic Syndrome | OGM | | | 1ml | |
| ОТНЕК | Neoplasm with Eosinophilia | FISH panel | 6ml | 2 x 1ml | 1ml | √ |
| | Multiple Myeloma | FISH Panel | | 2 x 1ml | | |

| | | | | | PB | ВМ | MAA |
|---------------------|------------------|------------------------------|--|------|-------------------------------------|-------|----------|
| | | MOLECU (DNA, RNA | EXTRACTION | EDTA | EDTA | PB/BM | |
| | Acute Myeloid | New Diagnosis (all required) | Myeloid Panel AND Rapid Mutation Panel | DNA | | 0.5ml | √ |
| | Leukemia | | MRD Baseline - BM | RNA | | 0.5ml | ✓ |
| | | | MRD Baseline - PB | RNA | 20ml | | ✓ |
| MYELOID | | MRD Monitoring | t(8;21) inv(16)/t(16;16) NPM1 | RNA | 20ml | 0.5ml | √ |
| | | Relapsed/Refractory | FLT3 ITD & TKD | DNA | 6ml | 0.5ml | |
| | Acute Prom | yelocytic Leukemia | MRD Baseline / Monitor | RNA | 20ml | 0.5ml | √ |
| | Chronic My | elogenous Leukemia | MRD Baseline / Monitor Kinase Domain | RNA | 20ml | 0.5ml | √ |
| | Mast Cell D | isease | KIT D816V/F | DNA | 6ml | 0.5ml | ✓ |
| | Myelodyspl | astic Syndrome | Myeloid Panel | DNA | | 0.5ml | |
| | Myeloprolif | erative Neoplasm | Single-gene testing query <i>JAK2</i> V617F MPN | DNA | 6ml | 0.5ml | ✓ |
| | VEXAS | | UBA1 mutation screen | DNA | 6ml | 0.5ml | |
| | | | Pre-transplant assessment | DNA | 6ml | | |
| Chimerism Chimerism | | | Post-transplant assessment (sample processed at Stem Cell Lab) | DNA | 20 mL NaHep @Stem Cell Lab | | |