

CANCER GENETICS AND GENOMICS LABORATORY

SOLID TUMOUR TESTING - CYTOGENETICS



BC CANCER
DEPT. OF PATHOLOGY AND LABORATORY MEDICINE
ROOM 3307 - 600 WEST 10TH AVENUE
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MON-FRI 8:30AM-4:30PM
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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 (PLEASE SIGN BELOW)

Name	MSC
Phone	Fax

Address

SPECIMEN

Specimen Type FFPE Block FFPE Slides Other: _____	Originating Hospital	Collection Date dd/mmm/yyyy
	Referring Lab/Hospital Sample ID	Tissue Type
	Tumour Content (%)	Specimen Cellularity (%)

COPY PHYSICIANS (ALL INFORMATION IS NECESSARY)

Name	MSC
Address	

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

		Name	MSC
		Address	
		Name	MSC
		Address	

INDICATION	FISH PROBE	INDICATION	FISH PROBE
Alveolar Soft Part Sarcoma	<i>TFE3</i> (Xp11.23)	Low Grade Fibromyxoid Sarcoma	<i>CREB3L2</i> (7q33) <i>FUS</i> (16p11.2)
Aneurysmal Bone Cyst / Nodular Fasciitis	<i>USP6</i> (17p13)	Mammary Analog Secretory Carcinoma	<i>ETV6</i> (12p13)
Clear Cell Sarcoma	<i>EWSR1</i> (22q12.2) <i>ATF1</i> (12q13.12)	Mucoepidermoid Carcinoma	<i>MAML2</i> (11q21)
		Myxoid Liposarcoma	<i>DDIT3</i> (12q13)
Dermatofibrosarcoma Protuberans (DFSP)	<i>PDGFB</i> (22q13.1)	Oligodendroglioma (ODG)	1p36/19q13
Ewing Sarcoma	<i>EWSR1</i> (22q12.2) <i>FLI1</i> (11q24.3)	Renal Cell Carcinoma	<i>TFE3</i> (Xp11.23)
Extraskeletal Myxoid Chondrosarcoma	<i>NR4A3</i> (9q31.1)	Rhabdomyosarcoma	<i>PAX7/FOXO1</i> t(1;13) <i>PAX3/FOXO1</i> t(2;13)
Germ Cell Tumours	12p/q	Synovial Sarcoma	<i>SS18</i> (18q11.2)
Liposarcoma	<i>MDM2</i> (12q15)		

INSTRUCTIONS

Please send the following:

- An H&E stained slide with the tumour region circled
- Note the tumour content and cellularity of the circled region in the space provided in the Specimen section (above)
- One unstained slide (positively charged) with 4-6µm tissue section for each FISH probe requested
- Specimen block which will be returned when the test is completed

PHYSICIAN SIGNATURE (REQUIRED)

DATE

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

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