CANCER GENETICS AND GENOMICS LABORATORY
PHARMACOGENOMICS REQUISITION

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		
☒ Peripheral Blood	Cerner Order:	DPYD Mutation Screen
	Sunquest Order:	DPYDMD
	Collection Instructions:	**Collect 1 x 6mL EDTA blood.** Store and ship at room temperature using overnight delivery to Cancer Genetics and Genomics Laboratory (see address above). Do not refrigerate or freeze.
	Collection Date: (dd/mmm/yyyy)	

COPY PHYSICIANS (ALL INFORMATION IS NECESSARY)

Name	MSC
Address	
Name	MSC
Address	
Name	MSC
Address	

REASON FOR TESTING

☐ *DPYD* Prospective testing (prior to first ever exposure to 5FU/Capecitabine)

☐ Known/Suspected adverse reaction to 5FU/Capecitabine. DPYD genotype unknown

NOTES

Testing is **NOT** indicated for patients who have previously demonstrated tolerance to fluoropyrimidine (5-fluorouracil (5-FU) or Capecitabine).

PHYSICIAN SIGNATURE (REQUIRED)	DATE

LAB USE ONLY	PB EDTA	Other