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

BC CANCER
DEPT. OF PATHOLOGY AND LABORATORY MEDICINE
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CANCER GENETICS LAB
SHIRE LABEL USE ONLY

## PATIENT INFORMATION

| Last Name | First and Middle Names | |
|---|---|---|
| Date of Birth dd/mmm/yyyy | Sex ☐ Male ☐ Female ☐ X ☐ Unknown | |
| Personal Health Number | BC Cancer ID | Cerner MRN |

## REQUESTING PHYSICIAN (PLEASE SIGN BELOW)

| Last Name | First Name | MSP |
|---|---|---|
| Phone | Fax | |
| Address | | |

## SPECIMEN

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

## COPY PHYSICIANS (ALL INFORMATION IS NECESSARY)

| Last Name | First Name | MSP |
|---|---|---|
| Address | | |
| Last Name | First Name | MSP |
| Address | | |
| Last Name | First Name | MSP |
| Address | | |

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

| INDICATION | FISH PROBE | INDICATION | FISH PROBE |
|---|---|---|---|
| **Alveolar Soft Part Sarcoma** | ☐ *TFE3* (Xp11.23) | **Low Grade Fibromyxoid Sarcoma** | ☐ *CREB3L2* (7q33)<br>☐ *FUS* (16p11.2) |
| **Aneurysmal Bone Cyst / Nodular Fasciitis** | ☐ *USP6* (17p13) | **Mammary Analog Secretory Carcinoma** | ☐ *ETV6* (12p13) |
| **Clear Cell Sarcoma** | ☐ *EWSR1* (22q12.2)<br>☐ *ATF1* (12q13.12) | **Mucoepidermoid Carcinoma** | ☐ *MAML2* (11q21) |
| | | **Myxoid Liposarcoma** | ☐ *DDIT3* (12q13) |
| **Dermatofibrosarcoma Protuberans (DFSP)** | ☐ *PDGFB* (22q13.1) | **Oligodendroglioma (ODG)** | ☐ 1p36/19q13 |
| **Ewing Sarcoma** | ☐ *EWSR1* (22q12.2)<br>☐ *FLI1* (11q24.3) | **Renal Cell Carcinoma** | ☐ *TFE3* (Xp11.23) |
| **Extraskeletal Myxoid Chondrosarcoma** | ☐ *NR4A3* (9q31.1) | **Rhabdomyosarcoma** | ☐ *PAX7/FOXO1* t(1;13)<br>☐ *PAX3/FOXO1* t(2;13) |
| **Germ Cell Tumours** | ☐ 12p/q | **Synovial Sarcoma** | ☐ *SS18* (18q11.2) |
| **Liposarcoma** | ☐ *MDM2* (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 4-6µm unstained section on positively charged slides **for each FISH probe** requested plus an additional unstained slide (if repeats are necessary) **NOTE:** For oligodendroglioma FISH testing, three unstained slides are required
- 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 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |