

CANCER GENETICS AND GENOMICS LABORATORY

PHARMACOGENOMICS REQUISITION



BC CANCER 604-877-6000 EXT 67-2094
 DEPT. OF PATHOLOGY AND LABORATORY MEDICINE FAX: 604-877-6294
 ROOM 3307 - 600 WEST 10TH AVENUE MON-FRI 8:30AM-4:30PM
 VANCOUVER BC V5Z-4E6 WWW.CANCERGENETICSLAB.CA
CANCERGENETICSLAB@BCCANCER.BC.CA

CANCER GENETICS LAB
 SHIRE LABEL USE ONLY

PATIENT INFORMATION				REQUESTING PHYSICIAN			
Last Name		First and Middle Names		Last Name	First Name	MSP	
Date of Birth (dd/mmm/yyyy)	Gender Male Female X Unknown			Phone		Fax	
PHN	BC Cancer ID		Cerner MRN	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) and Time						
REASON FOR TESTING				COPY PHYSICIANS (ALL INFORMATION IS NECESSARY)			
DPYD prospective testing				Last Name		First Name	MSP
				Address			
				Last Name		First Name	MSP
				Address			
NOTES							
Prospective testing for <i>DPYD</i> is only available prior to initiation of treatment with fluoropyrimidine (5-fluorouracil (5-FU) or Capecitabine). Testing is NOT indicated for patients who have demonstrated tolerance to fluoropyrimidine (5-fluorouracil (5-FU) or Capecitabine).							
PHYSICIAN SIGNATURE (REQUIRED)			DATE				
LAB USE ONLY	PB EDTA	Other					

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.

CACG_CGL_3018 CGL PHARMACOGENOMICS REQUISITION
 V.3.2 JUNE 2026