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

CANCER GENETICS LAB

SHIRE LABEL USE ONLY

PATIENT INFORMATION

Last Name	First and Middle Names	
Date of Birth (dd/mmm/yyyy)	Gender ☐ Male ☐ Female ☐ X ☐ Unknown	
PHN	BC Cancer ID	Cerner MRN

REQUESTING PHYSICIAN

Last Name	First Name	MSP
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) and Time	

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

DPYD prospective testing

NOTES

Prospective testing for *DPYD* 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	