

CANCER GENETICS LABORATORY



BC Cancer Agency
CARE + RESEARCH

BRITISH COLUMBIA CANCER AGENCY
DEPT. OF PATHOLOGY AND LABORATORY MEDICINE
ROOM 3305 - 600 WEST 10TH AVENUE
VANCOUVER BC V5Z-4E6

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Provincial Health
Services Authority
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ADDRESSOGRAPH OR PATIENT LABEL

SOLID TUMOUR TESTING REQUISITION

See www.cancer geneticslab.ca for current Myeloid, Lymphoid, Solid Tumor and Hereditary test information and requisitions

Requesting Physician: Please complete and sign this requisition and then fax to the originating hospital lab holding the specimen

Lab: Please ship specimen with copies of this form and path report to: BCCA Pathology - Room 3225, 600 West 10th Avenue, Vancouver BC V5Z 4E6

PATIENT INFORMATION				REQUESTING PHYSICIAN		
Last Name		First and Middle Names		Name	MSC	
Date of Birth dd/mmm/yyyy	Sex <input type="checkbox"/> M <input type="checkbox"/> F	PHN	BCCA ID#	Phone	Fax	
SPECIMEN				Address		
Specimen Type <input type="checkbox"/> FFPE Block <input type="checkbox"/> CGL Specimen <input type="checkbox"/> Other _____	Originating Hospital		Collection Date dd/mmm/yyyy	COPY PHYSICIANS (ALL INFORMATION IS NECESSARY)		
	Referring Lab/Hospital Sample ID		Tissue Type			
	Tumour Content		Tumour Cellularity		Name	MSC
REASON FOR TESTING / DIAGNOSIS / CLINICAL HISTORY (REQUIRED FOR TEST TO PROCEED)				Address		
				Name		MSC
				Address		Name
Address		Name		MSC		
MOLECULAR						
Select OncoPanel OR single-gene testing, both cannot be performed. Samples with limiting DNA may instead receive single-gene testing for the provided indication. Tests requiring <14 day turnaround should select single-gene assay.						
		OncoPanel (14-21 days)		Single-gene testing (<14 days)		
Colorectal Cancer (Metastatic)		<input type="checkbox"/> OncoPanel		<input type="checkbox"/> KRAS (codons 12,13)		
Gastrointestinal Stromal Tumour (GIST)		<input type="checkbox"/> OncoPanel		<input type="checkbox"/> KIT <input type="checkbox"/> PDGFRA		
Glioblastoma Multiforme				<input type="checkbox"/> MGMT promoter methylation		
Low Grade Glioma		<input type="checkbox"/> OncoPanel				
Lung Cancer (Stage IIIB/IV Non-Squamous, Non-Neuroendocrine)		<input type="checkbox"/> OncoPanel, ALK IHC/2p23 FISH		<input type="checkbox"/> EGFR, ALK IHC/2p23 FISH		
Melanoma (Non-Resectable/Metastatic)		<input type="checkbox"/> OncoPanel		<input type="checkbox"/> BRAF (V600 E,D,K)		
CYTOGENETICS (FISH)						
Alveolar Soft Part Sarcoma <input type="checkbox"/> TFE3 (Xp11.23)		Extraskeletal Myxoid Chondrosarcoma <input type="checkbox"/> NR4A3 aka CHN (9q22.33)		Myxoid Liposarcoma <input type="checkbox"/> DDIT3 (12q13)		
Aneurysmal Bone Cyst / Nodular Fasciitis <input type="checkbox"/> USP6 (17p13)		Germ Cell Tumours <input type="checkbox"/> 12p/q		Oligodendroglioma (ODG) <input type="checkbox"/> 1p36 /19q13		
Clear Cell Sarcoma <input type="checkbox"/> EWSR1 (22q12.2) <input type="checkbox"/> ATF1 (12q13.12)		Liposarcoma <input type="checkbox"/> MDM2 (12q15)		Renal Cell Carcinoma <input type="checkbox"/> TFE3 (Xp11.23)		
Dermatofibrosarcoma Protuberans (DFSP) <input type="checkbox"/> PDGFB (22q13.1)		Low Grade Fibromyxoid Sarcoma <input type="checkbox"/> CREB3L2 (7q33) <input type="checkbox"/> FUS (16p11.2)		Rhabdomyosarcoma <input type="checkbox"/> PAX7/FOXO1 t(1;13) <input type="checkbox"/> PAX3/FOXO1 t(2;13)		
Ewing Sarcoma <input type="checkbox"/> EWSR1 (22q12.2) <input type="checkbox"/> FLI1 (11q24.3)		Mammary Analog Secretory Carcinoma <input type="checkbox"/> ETV6 (12p13)		Synovial Sarcoma <input type="checkbox"/> SS18 (18q11.2)		
Other (with prior CGL Director's Approval)						
Physician Signature (required)					Date	
Signature acknowledges an understanding that the OncoPanel may identify potential germline findings of hereditary significance						
Lab Use Only			FFPE Block	Tumour Content %	Cellularity %	
			Scrolls	Pathologist initials		
			H&E	Notes		
			IHC			
			Unstained			