

CANCER GENETICS AND GENOMICS LABORATORY

SOLID TUMOUR TESTING



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
 INFO@CANCERGENETICSLAB.CA

ADDRESSOGRAPH OR PATIENT LABEL

See website for Myeloid, Lymphoid, Solid Tumor and Hereditary Cancer information and requisitions

Requesting Physician: For FFPE specimens, please complete and sign this form and **fax to the hospital lab holding the specimen (not CGL)**
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 (PLEASE SIGN BELOW)	
Last Name		First and Middle Names		Name	MSC
Date of Birth dd/mmm/yyyy	Gender <input type="checkbox"/> M <input type="checkbox"/> X <input type="checkbox"/> F	PHN	BC Cancer ID#	Phone	Fax

SPECIMEN			COPY PHYSICIANS (ALL INFORMATION IS NECESSARY)		
Specimen Type <input type="checkbox"/> FFPE Block <input type="checkbox"/> Plasma cfDNA <input type="checkbox"/> CGL Specimen <input type="checkbox"/> Other _____	Originating Hospital	Collection Date dd/mmm/yyyy	Address		
	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		MSC
Address					

MOLECULAR		
Select Oncopanel OR single-gene testing, both cannot be performed. Oncopanel testing may detect variants associated with hereditary conditions. See website or contact the lab for genes and details.		
	Oncopanel	Single-gene testing
Colorectal Cancer (Metastatic)	<input type="checkbox"/> Oncopanel	
Gastrointestinal Stromal Tumour (GIST)	<input type="checkbox"/> Oncopanel	
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/FISH, PDL1 IHC	Pretreatment: <input type="checkbox"/> EGFR (hotspots), ALK IHC/FISH, PDL1 IHC <u>Progression (EGFR T790M only):</u> <input type="checkbox"/> Tissue biopsy (collected post-progression) <input type="checkbox"/> Plasma cfDNA (*in cfDNA blood tubes*)
Melanoma (Non-Resectable/Metastatic)	<input type="checkbox"/> Oncopanel	<input type="checkbox"/> BRAF (V600 E, D, K)
Ovarian/FT/Peritoneal Cancer (High-grade, platinum-sensitive)	<input type="checkbox"/> Oncopanel	

CYTOGENETICS (FISH)		
Alveolar Soft Part Sarcoma <input type="checkbox"/> TFE3 (Xp11.23) Aneurysmal Bone Cyst / Nodular Fasciitis <input type="checkbox"/> USP6 (17p13) Clear Cell Sarcoma <input type="checkbox"/> EWSR1 (22q12.2) <input type="checkbox"/> ATF1 (12q13.12) Dermatofibrosarcoma Protuberans (DFSP) <input type="checkbox"/> PDGFB (22q13.1) Ewing Sarcoma <input type="checkbox"/> EWSR1 (22q12.2) <input type="checkbox"/> FLI1 (11q24.3)	Extraskeletal Myxoid Chondrosarcoma <input type="checkbox"/> NR4A3 aka CHN (9q22.33) Germ Cell Tumours <input type="checkbox"/> 12p/q Liposarcoma <input type="checkbox"/> MDM2 (12q15) Low Grade Fibromyxoid Sarcoma <input type="checkbox"/> CREB3L2 (7q33) <input type="checkbox"/> FUS (16p11.2) Mammary Analog Secretory Carcinoma <input type="checkbox"/> ETV6 (12p13)	Myxoid Liposarcoma <input type="checkbox"/> DDIT3 (12q13) Oligodendroglioma (ODG) <input type="checkbox"/> 1p36 /19q13 Renal Cell Carcinoma <input type="checkbox"/> TFE3 (Xp11.23) Rhabdomyosarcoma <input type="checkbox"/> PAX7/FOXO1 t(1;13) <input type="checkbox"/> PAX3/FOXO1 t(2;13) Synovial Sarcoma <input type="checkbox"/> SS18 (18q11.2)

PHYSICIAN SIGNATURE (REQUIRED)	DATE
--------------------------------	------

LAB USE ONLY	FFPE Blocks	Scrolls	H&E	IHC	Unstained	cfDNA	Tumour Content %	Cellularity %	Pathologist Initials	Notes
--------------	-------------	---------	-----	-----	-----------	-------	------------------	---------------	----------------------	-------