

# CANCER GENETICS AND GENOMICS LABORATORY



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  
 INFO@CANCERGENETICSLAB.CA

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

ADDRESSOGRAPH OR PATIENT LABEL

## PATIENT INFORMATION

Last Name		First and Middle Names	
Date of Birth dd/mmm/yyyy	Gender <input type="checkbox"/> M <input type="checkbox"/> X <input type="checkbox"/> F	PHN	BC Cancer ID#

## REQUESTING PHYSICIAN (PLEASE SIGN BELOW)

Name	MSC
Phone	Fax

## SPECIMEN

Specimen Type <input type="checkbox"/> FFPE Block <input type="checkbox"/> CGL Specimen <input type="checkbox"/> Other _____	Originating Hospital	Collection Date dd/mmm/yyyy
	Referring Lab/Hospital Sample ID	Tissue Type
	Tumour Content (%)	Specimen Cellularity (%)

Address

## COPY PHYSICIANS (ALL INFORMATION IS NECESSARY)

Name	MSC
Address	

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

Name	MSC
Address	

**PREDICTm- Focus Panel**

## MOLECULAR

Indication	NGS Test
<input type="checkbox"/> Biliary Tract <input type="checkbox"/> Head and Neck squamous cell carcinoma <input type="checkbox"/> Pancreatic <input type="checkbox"/> Salivary gland carcinoma <input type="checkbox"/> Sarcoma (NOS) <input type="checkbox"/> Thyroid carcinoma <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Focus Panel

## Instructions

- **Requesting Physician:** Please complete and sign this form and fax to the hospital pathology lab holding the specimen (not CGL)
- **Hospital Pathology Lab:** Please ship specimen with copies of this form and pathology report to: BCCA Pathology - Room 3225, 600 West 10th Avenue, Vancouver BC V5Z 4E6
- Physician Signature **IS** Required to proceed with testing

PHYSICIAN SIGNATURE (REQUIRED)

DATE

Blank space for physician signature and date.

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