

CANCER GENETICS AND GENOMICS LABORATORY

SOLID TUMOUR TESTING - MOLECULAR



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

ADDRESSOGRAPH OR PATIENT LABEL

PATIENT INFORMATION

Last Name		First and Middle Names	
Date of Birth dd/mmm/yyyy	Gender Male Female Non Binary/Other/Not Disclosed		
PHN	BC Cancer ID	Cerner MRN	

REQUESTING PHYSICIAN

Name		MSC
Phone	Fax	
Address		

SPECIMEN

Specimen Type	Originating Hospital	Collection Date dd/mmm/yyyy
FFPE Block	Referring Lab/Hospital Sample ID	Tissue Type
Plasma ccfDNA		Specimen Cellularity (%)
CGL Specimen	Tumour Content (%)	
Other _____		

NOTE: PHYSICIAN SIGNATURE REQUIRED (BELOW)

COPY PHYSICIANS (ALL INFORMATION IS NECESSARY)

Name	MSC
Address	
Name	MSC
Address	

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

Name		MSC
Address		
Name		MSC
Address		

INDICATION

MOLECULAR TESTING

Colorectal Cancer Non-Metastatic MLH1 deficient only	BRAF V600		
Colorectal Cancer Metastatic	OncoPanel		
Gastrointestinal Stromal Tumour	OncoPanel		
Glioblastoma	MGMT promoter methylation		
Glioma Low Grade Infiltrating	Focus Panel		
Lung Cancer Non-Squamous, Non-Neuroendocrine	Early Stage IB to IIIA	Focus Panel (Includes ALK&ROS1 IHC/FISH, PD-L1 IHC)	
	Stage IIIB to IV	Focus Panel (Includes ALK&ROS1 IHC/FISH, PD-L1 IHC)	
	Progressing on TKI	EGFR T790M ctDNA (Plasma ccfDNA only)	Treatment: Focus Panel (Tissue Biopsy only)
Melanoma Stage III	BRAF V600		
Melanoma Non-Resectable/Metastatic	Focus Panel OR OncoPanel		
Ovarian/Fallopian Tube/Peritoneal Cancer High-grade serous	OncoPanel		
Prostate Cancer Metastatic	<u>Order OncoPanel first</u> OncoPanel (Tissue Biopsy only)	<u>ctDNA if tissue unavailable/inadequate</u> ctDNA Panel (Plasma ccfDNA only)	
Other	Approval required by CGL Medical Director or Designate prior to sending specimen		

INSTRUCTIONS/NOTES

Requesting Physician: For FFPE specimens, please complete, sign, and fax form to the hospital pathology lab holding the specimen (not CGL)
Hospital Pathology 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

PHYSICIAN SIGNATURE (REQUIRED)

DATE

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