

CANCER GENETICS AND GENOMICS LABORATORY

SOLID TUMOUR TESTING - MOLECULAR



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

ADDRESSOGRAPH OR PATIENT LABEL

PATIENT INFORMATION

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

REQUESTING PHYSICIAN

Name	MSC
Phone	Fax

SPECIMEN

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

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

FFPE BLOCK WILL BE SCROLLED OR CORED

Colorectal Cancer	<i>Non-Metastatic MLH1 deficient</i>	BRAF V600	
	<i>Metastatic</i>	OncoPanel	
Gastrointestinal Stromal Tumour		OncoPanel	
Glioblastoma		MGMT promoter methylation	
Glioma	<i>Low Grade Infiltrating</i>	Focus Panel	
Lung Cancer	<i>Non-Squamous, Non-Neuroendocrine</i>	Stage IB to IIIA	Focus Panel (Includes ALK IHC/FISH, PD-L1 IHC)
		Stage IIIB to IV	Focus Panel (Includes ALK IHC/FISH, PD-L1 IHC)
		Progressing on TKI	EGFR T790M ctDNA (Plasma ccfDNA) Focus Panel (Tissue Biopsy)
Melanoma	<i>Stage III</i>	BRAF V600	
	<i>Non-Resectable/Metastatic</i>	Focus Panel OR OncoPanel	
Ovarian/Fallopian Tube/Peritoneal Cancer	<i>High-grade serous</i>	OncoPanel	
Prostate Cancer	<i>Metastatic</i>	<u>Order OncoPanel first</u> OncoPanel (Tissue Biopsy)	<u>ctDNA if tissue unavailable/inadequate</u> ctDNA Panel (Plasma ccfDNA)
Salivary Cancer		Focus Panel	
Thyroid Carcinoma	<i>Medullary and differentiated</i>	Focus Panel	
Other		_____ For approval, email CancerGeneticsLab@bccancer.bc.ca	

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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