

# CANCER GENETICS AND GENOMICS LABORATORY



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](http://WWW.CANCERGENETICSLAB.CA)  
[CANCERGENETICSLAB@BCCANCER.BC.CA](mailto:CANCERGENETICSLAB@BCCANCER.BC.CA)

ADDRESSOGRAPH OR PATIENT LABEL

## SOLID TUMOUR TESTING

### 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 FFPE Block CGL Specimen Other _____	Originating Hospital	Collection Date dd/mmm/yyyy	
	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)

**PREDiCTm- Focus Panel**

### MOLECULAR

FFPE BLOCK WILL BE SCROLLED OR CORED

<b>Indication</b>	<b>NGS Test</b>
Head and Neck squamous cell carcinoma Sarcoma (NOS) Other: _____	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

<b>PHYSICIAN SIGNATURE (REQUIRED)</b>	<b>DATE</b>
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LAB USE ONLY	FFPE Blocks	Scrolls	H&E	IHC	Unstained	Tumour Content %	Cellularity %	Pathologist Initials	Notes
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The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts.