



BC Cancer Agency
CARE & RESEARCH
An agency of the Provincial Health Services Authority

Addressograph only

Cancer genetics laboratory Phone 604-877-6000 #2084
Fax: 604-877-6038

CANCER GENETICS TEST REQUEST FOR GASTROINTESTINAL STROMAL TUMOUR (GIST)

Fields must be completed LEGIBLY (patient demographics may be addressographed instead).

Patient Name (last, first) _____ PHN _____ Expiry (mm/yy) /
Date of Birth (d/m/y) _____ Sex M F BCCA patient Y N BCCA No. _____
Requesting Physician _____ MSC _____
Address _____

Test Required KIT (exon 9 and 11) Other _____

Originating Hospital: _____ Fax Number _____

Specimen Block Number: _____ Tissue type _____

Date of Procedure: (D/M/Y) _____

INSTRUCTIONS TO ORIGINATING HOSPITAL:

Date Sent: (D/M/Y) _____

Please send block(s) containing tumour, corresponding H&E stained slides, this requisition, and a copy of the pathology report to:

Cancer Genetics Lab - Room 3305
BC Cancer Agency
600 West 10th Avenue
Vancouver, BC V5Z 4E6

Please note the blocks will be cored for DNA extraction. If you have concerns regarding submission of blocks for coring, please contact the Cancer Genetics Lab at (604) 877-6000, ext. 2084.

The submitted block(s) and H&E slide(s) will be returned as soon as the mutation analysis is completed.