

# PHSA Laboratories

A service of the Provincial Health Services Authority  
BC Cancer Agency

Lab Use Only

## Cancer Genetics Laboratory Molecular Genetic Requisition

Lack of / or unclear information provided on this requisition may result in delay or a failure to process specimens. PHSA Laboratories does not assume any liability for unlabelled specimens. \*Mandatory fields must be filled on this requisition.

\*Patient Surname

\*Given Name

\*Sex

\*DOB (DD/MM/YY)

\*PHN

BCCA #

\*Ordering Physician/Billing #

\*Address for Report Delivery/Hospital of Record

Copy Results To

### Sample Information\*:

Date of Collection (DD/MM/YY): \_\_\_\_\_ Specimen Type:  PB  BM  Tissue (Specify): \_\_\_\_\_

Collecting Facility: \_\_\_\_\_ Surgical Path No. (Requesting Hosp): \_\_\_\_\_

### Relevant Clinical History, Morphologic and Phenotypic Information\*:

MPD ( PV  ET  IMF)  CML  HES  Acute Leukemia (Specify) \_\_\_\_\_

Other (Specify): \_\_\_\_\_

### Test Requested\*:

Lymphoma  B/T Clonality  BCL-2  EBV

Leukemia or MPD  BCR-ABL  JAK2  PML/RARA  FLT3  C-Kit mutation

Chimerism \_\_\_\_\_ Pre BMT/SCT \_\_\_\_\_ Post BMT/SCT

GIST mutation analysis

ODG 1p/19q LOH

MSI test (Colorectal cancer dx  $\leq$  50y)

Other (Specify): \_\_\_\_\_

**FOR LAB USE ONLY:** DNA # \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

### Deliver samples to:

Molecular Genetics  
Cancer Genetics Lab, Room # 3305  
British Columbia Cancer Agency  
600 West 10<sup>th</sup> Avenue  
Vancouver BC V5Z 4E6

For Cancer Genetics Lab results contact: *Mindy at local 2094*

For further consultation contact:

*Dr. D. Horsman at local 2095; Dr. S.Young at local 2417*

Phone: 604.877.6000 local 2084 Fax: 604.877.6038 or 604.877.6294 Laboratory Hours: 8:30 am -4:30 pm, Monday to Friday

Version April 2008

- See Over -

## Cancer Genetics Laboratory Molecular Genetic Sample Requirement

- **Collect Peripheral Blood and Bone Marrow in EDTA Tube(s) for molecular genetic test; Ship at Ambient Temperature (Do NOT Spin or Freeze); All Samples Must be Received within 48 Hours after Collection.**
- **Tissue Biopsy: Kept Frozen on Dry Ice; Ship ASAP**
- **Paraffin Blocks: Send Blocks and H&E Slides if necessary; all block(s) and H&E Slide(s) will be returned as soon as molecular analysis is finished.**
- **Paraffin Scrolls: Must be cut with single-use blade and collected in sterile 1.7 ml Eppendorf tube.**

**Lymphoma B/T Clonality:** Bone Marrow or Peripheral Blood (1~2x5ml EDTA)  
Paraffin, SKIN tissue 6x20 $\mu$  scrolls  
Paraffin, other tissue type 3x20 $\mu$  scrolls

**JAK2:** Clinical History MUST be provided  
Peripheral Blood (5ml EDTA)

**C-kit Mutation in MPD:** Peripheral Blood (10ml EDTA)

**CML (BCR-ABL):** Minimal Residual Disease (MRD) test by Quantitative-PCR (Q-PCR) Peripheral Blood (20ml EDTA);  
**MUST SHIP ASAP; Avoid Late Friday and Weekend Arrival**  
  
(For CML Diagnosis, Send 5ml Sodium Heparin Peripheral Blood to CGL Cytogenetics)

**AML-M3/APL (PML-RARA):** MRD by Q-PCR Peripheral Blood (20ml EDTA);  
**MUST SHIP ASAP; Avoid Late Friday and Weekend Arrival**

**Chimerism for BMT:** Pre BMT/SCT - Peripheral Blood (5ml EDTA) from Both Donor and Recipient  
Post BMT/SCT - Send 5ml EDTA BM to Cancer Genetics; Send Peripheral Blood to Stem Cell Assay/Terry Fox Laboratory for fractionation

**GIST:** Paraffin Block(s) with Tumour Present and H&E slide(s)

**ODG 1p/19q LOH:** Peripheral Blood (5ml EDTA) and Tumour Paraffin Block (or 5X20 $\mu$  scrolls)

**MSI (Colorectal cancer dx  $\leq$  50):** Peripheral Blood (5ml EDTA) and Paraffin Block(s) with Tumour Present and H&E slide(s)