



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

Addressograph

Pathology Request Form

(MSI test)

Lack of or unclear information provided on this requisition may result in delay or failure to process specimens.

Requesting Physician: _____ Request Date: _____
 Physician Phone #: _____ Physician Fax #: _____
 Patient Name: _____ PHN: _____
 Date of Birth: _____ (DD/MM/YY) BCCA No.: _____

REQUEST FOR MOLECULAR GENETIC TEST

604-877-6000 ext 2084, 2149, 2094 Fax: 604-877-6038

Diagnosis: Colorectal Cancer diagnosed ≤50y (MSI test)

Has Peripheral Blood Sample been requested and sent? YES NO

Originating Hospital: _____ Path. Specimen #: _____
 Originating Hospital Fax # _____ Date of Procedure: _____
 (DD/MM/YY)

INSTRUCTION TO ORIGINATING HOSPITAL:

Date Sent: _____ (DD/MM/YY)

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

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

Please note the tumour area in the tissue will be cored for DNA extraction. If you have concerns regarding submission of blocks for coring, please contact Dr. Sean Young (604) 8776000, ext. 2417 at Cancer Genetics Lab.

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

INSTRUCTION TO PHYSICIANS

How to request MSI testing and tissue blocks for patients with colorectal cancer diagnosed ≤ 50 years of age

Step 1. Use Cancer Genetics Laboratory Molecular Genetic Requisition to request peripheral blood (PB) sample.

Step 2. Use BC Cancer Agency Pathology Request Form (MSI test) to request blocks and H&E slides from originating hospital.

2.1 Fill out requesting physician information and sample information.

2.2 Check diagnosis and confirm status of PB request.

2.3 Fill out information for originating hospital.

Step 3. Fax Pathology Request Form directly to originating hospital, pathology department.

**BC Cancer Agency Cancer Genetics Laboratory contact:
604-877-6000 local 2084
Laboratory Hours 8:30am – 4:30 pm, Monday - Friday**