



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

Addressograph only

Pathology office phone 604-877-6000 # 2069, 2071,2073
Fax 604-877-6178

PATHOLOGY REQUEST FORM

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

A

Patient Name (Last, First) _____ PHN _____
 Date of Birth (dd/mmm/yy) _____ Sex M F BCCA patient Y N BCCA No. _____
 Requesting Physician _____ MSC _____
 Address _____
 Originating Hospital _____ Pathology specimen/ block # _____
 Copy to:- Name _____ MSC # _____ Address _____

REQUEST FOR SLIDE REVIEW

Urgent Non urgent

B

- GI Skin/melanoma Head/neck Lung Lymphoma Neurological
 Prostate/GU Endocrine Soft Tissue Primary unknown Gyne
 Other (specify)..... Breast.....node negative Y N

Particular aspects to be reviewed _____

REQUEST FOR BIOMARKERS AND SPECIAL TESTS

C

Urgent Non urgent

Type of specimen _____
 Time of collection _____
 Time sample placed in fixative _____
 Type of fixative _____
 Duration of fixation _____

- For breast biomarkers:-** Carcinoma in-situ (ER only will be done)
 Invasive Carcinoma (ER, PR, HER2 will be done)
 Retrospective HER2

- For gastric biomarkers:-** Gastric HER 2 site: GE junction stomach

Other special tests - please specify: _____

Reason for test: _____

Please send one representative tumour block, or eight unstained sections on FISHER "superfrost Plus" slides (Cat # 12-550-15; VWR cat# 48311-703), this requisition and a copy of the pathology report to:

**Pathology Office - Room 3225
 BC Cancer Agency
 600 West 10th Avenue
 Vancouver, BC V5Z 4E6**

Instructions for completing this form.

Shaded areas are very important to the laboratory, please complete legibly (print) and to the best of your knowledge.

If an addressograph is used please ensure that the text is easily read.

To request a review of a case. Please complete boxes A and B only. Then send the slides and a copy of the pathology report to the address at the bottom of the form.

To request testing of biomarkers only. Please complete fully boxes A and C only. Then fax the form to the Originating Hospital (the hospital where the paraffin blocks are stored) Note that **ALL** the information in box C is required for a valid report. Failure to give this information may lead to an inaccurate result. The areas of box C relating to sample handling must be completed by either the requestor or the originating hospital.

To request a review that may require biomarker analysis. Please complete boxes A, B, and the "Diagnosis" part of box C. Then fax the form to 604-877-6178

Gastric HER2 testing

Please complete sections A and C, the site of biopsy must be indicated.

All Cancer Genetics testing must be requested on the Cancer Genetics request form, available at <http://www.bccancer.bc.ca/HPI/labservices/PathologyRequestForms.htm>