

Addressograph only

AP Molecular Diagnostics Laboratory
 Vancouver General Hospital
 Department of Pathology
 Rm 1430 – 855 West 12th Avenue, Vancouver, BC V5Z 1M9
 Tel: (604) 875-4111 x21124 Fax: (604) 875-4797

IMPORTANT NOTE: If case materials are not from VGH, please fax this form to the originating hospital.

Molecular Diagnostics Requisition

Patient Name (last, first) _____

PHN _____ Date of Birth (d/m/y) ____/____/____ Sex M F

Requesting Physician _____ MSC _____

Hospital/site _____ Tel _____ Fax _____

Copy to Hereditary Cancer Program Vancouver Copy to Hereditary Cancer Program Abbotsford

Clinical summary (a copy of surgical pathology report must accompany all specimens):

Date Requested (d/m/y) ____/____/____ Tissue Source _____

Case/Block number(s) _____

Notes (including any billing information):

Please check the box for test requested:

- | | |
|---|---|
| <p><input type="checkbox"/> MLH1 promoter methylation
(Endometrial cancers)</p> <p><input type="checkbox"/> FOXL2 mutation testing
(Adult-type granulosa cell tumour of the ovary)</p> <p><input type="checkbox"/> PanSarcoma fusion gene assay
(Sarcomas)</p> | <p><input type="checkbox"/> Colorectal Cancer Panel</p> <p><input type="checkbox"/> Gynecological Cancer Panel
<input type="checkbox"/> Clinician led <i>POLE</i> testing in endometrial cancer
(see criteria below)</p> <p><input type="checkbox"/> Full NGS Cancer Panel</p> |
|---|---|

Please forward this completed requisition and surgical pathology report with the appropriate paraffin block(s) (preferred), or 1 H&E slide and at least six unstained air-dried sections 5 µm thick (on charged slides) to:

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POLE testing for all newly diagnosed Stage I/II endometrial cancers EXCEPT those which are Stage IA AND grade 1 or 2 endometrioid AND p53wt on IHC AND lack extensive LVSI REGARDLESS of MMR status