

Addressograph only

AP	Molecular	Diagnostics	Laboratory
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Vancouver General Hospital Department of Pathology Rm 1430 – 855 West 12<sup>th</sup> 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		
$\Box$ Copy to Hereditary Cancer Program Vancouver	Copy to Hereditary Ca	ncer Program Abbotsford		
Clinical summary ( <u>a copy of surgical pathology repo</u>	rt must accompany all spec	imens):		
Date Requested (d/m/y)//				
Case/Block number(s)				
<b>Notes</b> (including any billing information):				
Please check the box for test requested:				
MLH1 promoter methylation (Endometrial cancers)	Colorecta	al Cancer Panel		
FOXL2 mutation testing (Adult-type granulosa cell tumour of the ovary)		ogical Cancer Panel an led POLE testing in endometrial cancer		
PanSarcoma fusion gene assay (Sarcomas)	Full NGS	(see criteria below) Cancer Panel		
LIDA Chromosome 12q13-15 (MDM2 region) amplification assay (Wang et al. J Mol Diagn. 2021;23(3):274-284. PMID: 33346147)				

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:

AP Molecular Diagnostics Laboratory VGH Department of Pathology Rm 1430 – 855 West 12<sup>th</sup> Avenue, Vancouver, BC, V5Z 1M9

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