**PHSA Laboratories**
A service of the Provincial Health Services Authority
BC Cancer Agency

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**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.*

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<tr>
<th><em>Patient Surname</em></th>
<th><em>Given Name</em></th>
<th><em>Sex</em></th>
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<th><em>DOB (DD/MM/YY)</em></th>
<th><em>PHN</em></th>
<th>BCCA #</th>
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<th><em>Ordering Physician/Billing #</em></th>
<th><em>Address for Report Delivery/Hospital of Record</em></th>
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**Copy Results To**

**Sample Information**: 

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

Collecting Facility: ____________________________ Surgical Path No. (Requesting Hosp): __________________

BCCA CoPath #: __________________

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

□ MPD(NOS) □ PV □ ET □ Myelofibrosis □ CML □ HES □ SMCD □ Acute Leukemia (Specify) _____

Other (Specify): ________________________________________________

**Test Requested**: 

**Lymphoma**

□ B Clonality □ T Clonality □ BCL-2 □ EBV

**Leukemia or MPD**

□ BCR-ABL □ JAK2 □ PML/RARA □ FLT3 □ NPM1

□ CML Kinase Domain Mutation 

□ C-Kit mutation (SMCD)

□ Chimerism  ____Pre BMT/SCT  ____Post BMT/SCT

□ GIST  mutation analysis (C-Kit exon 9/11) □ ODG 1p/19q LOH

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 10th Avenue
Vancouver BC V5Z 4E6

For Cancer Genetics Lab results contact: Mindy at local 2094
For further consultation contact:
Dr. Sean Young at local 2417 (Laboratory Scientist)
Dr. Aly Karsan at local 2800 (Medical Director)

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 Feb 2010
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 6x20µ scrolls
- Paraffin, other tissue type 3x20µ 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 3ml EDTA Bone Marrow to Cancer Genetics;
  - Send 4 x 5ml Sodium Heparin Peripheral Blood to Stem Cell Assay/Terry Fox Laboratory for fractionation

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

**ODG 1p/19q LOH:**
- Peripheral Blood (5ml EDTA) and Tumour Paraffin Block (or 5X20µ scrolls)

**MSI (Colorectal cancer dx ≤ 50) and KRAS Test for Metastatic Colorectal Cancer:**
- Check information at [http://www.bccancer.bc.ca/HPI/labservices/PathologyRequestForms.htm](http://www.bccancer.bc.ca/HPI/labservices/PathologyRequestForms.htm)