

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.

***Patient Surname** ***Given Name** ***Sex**

***DOB (DD/MM/YY)** ***PHN** **BCCA #**

***Ordering Physician/Billing #** ***Address for Report Delivery/Hospital of Record**

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 4E6For **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

- See Over -

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>