ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Alberta Precision Laboratories
www.albertaprecisionlabs.ca
THIRD PARTY REQUISITION

Scanning Label or Accession # *(lab only)*

FAX FORM BY REGION: NORTH fax: 780-407-8599 SOUTH fax: 403-944-4748

Patient

PHN		Date of Birth *(dd-Mon-yyyy)*		
Legal Last Name		Legal First Name	Middle Name	
Alternate Identifier	Preferred Name	☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to disclose	Phone	
Address		City/Town	Prov	Postal Code

Provider(s)

Authorizing Provider Name			Copy to Name *(last, first, middle)*	Copy to Name *(last, first, middle)*
Facility:		Phone:	Address	Address
CC Provider	CC Submitter	Legacy ID	Phone	Phone
Financial Class: Company Bil			Clinic Name	Clinic Name

Collection

Date *(dd-Mon-yyyy)*	Time *(24 hr)*	Location	Collector ID	

PROGRESS
Breast Biomarker Testing Program

Somatic NGS Testing of HR+ HER2- Metastatic Breast Cancer

Testing Request

☐ **NGS Requested for *AKT1, PIK3CA* and *PTEN via* Cancer Biomarker Comprehensive DNA Panel**

Mandatory criteria for testing (check one):

Patient has diagnosis of HR+ HER2- Metastatic Breast Cancer AND:

☐ Treatment with first-line therapy with CDK4/6 inhibitor + aromatase inhibitor for ≥16 months *OR*

☐ <16 months and results will immediately inform next line of therapy

Exclusions:

× Access to provincial testing, without prior negative result

× Prior treatment with a selective endocrine-receptor degrader or mTOR/PI3K/AKT inhibitor

× Insulin dependent diabetes or glycated hemoglobin level of ≥8%

The requested test includes analysis of 130 genes. All clinically relevant results will be reported, including possible germline variants, unless indicated below:

☐ **The patient DOES NOT wish to learn of secondary findings, including variants in genes associated with hereditary risk**

Expected turn-around time: *AKT1, PIK3CA, & PTEN* results will be reported within 10 business days from receipt of sample in testing laboratory; when applicable, secondary findings may be reported in an addendum

*Testing will **NOT** be performed if eligibility criteria are not met, or the test requisition form is incomplete*

Sample Details & Preparation

Specimen/Tissue Type (check one):

☐ HR+ HER2- breast cancer: metastatic tissue

☐ HR+HER2- breast cancer: primary tissue (*available **only** in instances of bone-only disease)*

HER2 details (if available):

☐ IHC 0

☐ IHC 1+

☐ IHC 2+/ISH-

Block ID/Surgical Case Number:

Tumour Source (check one):

☐ **Solid tumour block**

☐ **Pre-cut unstained slides (preferred)**

Serially section the tissue to produce: one H&E slide followed by 10 sections at 10 microns on uncharged slides

Place all sections in the lower middle of the slides and air dry at ROOM TEMPERATURE (not in oven)

Viable tumor cellularity assessed at >20%?

☐ Yes

☐ No

Shipments/Mailing

Send surgical pathology report, testing requisition, & sample to:
APL – Molecular Pathology
University of Alberta Hospital – WMC 4B4.24
8440 – 112st
Edmonton, AB T6G 2B7

Authorized Provider signature:

*Signature:*_____ *Date of Signature:*_____

FAX NUMBER FOR RESULTS: _____