Provincial Health Services Authority
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BC CANCER
Provincial Health Services Authority

LAB USE ONLY

BIOMARKER REQUEST FORM

ALL FIELDS MUST BE COMPLETED LEGIBLY – ADDRESSOGRAPH LABEL IS ACCEPTABLE

Patient Name (Last, First):			**PHN:**
Date of Birth (dd/mmm/yy):	**Sex: M❑ F❑ X❑**	**BCCA Patient: Y❑ N ❑**	**BCCA Number:**
Requesting Physician:			**MSC:**
Phone Number:		**Fax Number:**	
Copy To Name:		**Phone#:**	**MSC:**
Copy To Name:		**Phone#:**	**MSC:**
Hospital:			
Pathology Case#:		**Block:**	

When requisition is complete, fax the hospital lab that holds the tissue.

SAMPLE INFORMATION:			
Fixative:	❑ Neutral Buffered Formalin	❑ Other (specify):	
Ischaemic Time:	❑ < 1 hr	❑ > 1 hr	❑ Unknown
Fixation Time:	❑ < 6 hrs	❑ 6-72 hrs	❑ > 72 hrs

BIOMARKERS:		
BREAST:	❑ DCIS (Excision samples only. No Cores. ER Only)	
	❑ Invasive Carcinoma (ER, PR, HER2)	
	❑ HER2 Only	
GI/GU:	❑ Gastric HER2: GE Junction	❑ Gastric HER2: Stomach
	❑ MMR Gastrointestinal	❑ MMR Genitourinary
	❑ MMR Other (Specify):	
Lung	❑ PDL1 (EGFR and ALK already completed)	
	❑ PDL1 (Other) Squamous Cell Carcinoma Specify Site:	
Other (Specify)	❑	

Originating Hospital : Please send one representative tumour block, this requisition and a copy of the pathology report to:

Pathology Office - Room 3225
BC Cancer Agency
600 West 10th Avenue
Vancouver, BC V5Z 4E6