



BIOMARKER REQUEST FORM

All fields must be completed LEGIBLY (patient demographics may be addressographed instead).

Patient Name (Last, First) _____ PHN _____

Date of Birth (dd/mmm/yy) _____ Sex M F BCCA patient Y N BCCA No. _____

Requesting Physician _____ MSC _____

Phone # _____ Fax # _____

Copy to:- Name _____ MSC # _____ Phone # _____

Copy to:- Name _____ MSC # _____ Phone # _____

Hospital _____ Pathology Case # _____ Block: _____

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

Sample information

Fixative Neutral Buffered Formalin Other _____

Ischaemic Time < 1 hr > 1hr Unknown

Fixation Time < 6 hrs 6-72 hrs > 72 hrs

Breast Biomarkers:- DCIS (Excision samples only, no cores. ER Only)
 Invasive Carcinoma (ER, PR, HER2 will be done)
 HER2 Only

GI/GU Biomarkers:- Gastric HER 2 Site: GE Junction Stomach
 MMR Gastrointestinal MMR Genitourinary
 MMR Other (Specify): _____

Lung Biomarkers: - PDL1 for Squamous Cell Carcinoma
 PDL1, (EGFR and ALK already done)

Other Biomarker (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