

# CANCER GENETICS AND GENOMICS LABORATORY

## SOLID TUMOUR TESTING



BC CANCER  
 DEPT. OF PATHOLOGY AND LABORATORY MEDICINE  
 ROOM 3427 - 600 WEST 10TH AVENUE  
 VANCOUVER BC V5Z-4E6

604-877-6000 EXT 67-2094  
 FAX: 604-877-6294  
 WWW.CANCERGENETICSLAB.CA  
 INFO@CANCERGENETICSLAB.CA

ADDRESSOGRAPH OR PATIENT LABEL

See our website for Myeloid, Lymphoid, Solid Tumor and Hereditary Cancer information and requisitions

**Requesting Physician:** For FFPE specimens, please complete and sign this requisition and fax to the originating hospital lab holding the specimen  
**Lab:** Please ship specimen with copies of this form and path report to: BCCA Pathology - Room 3225, 600 West 10th Avenue, Vancouver BC V5Z 4E6

PATIENT INFORMATION				REQUESTING PHYSICIAN (PLEASE SIGN BELOW)	
Last Name		First and Middle Names		Name	MSC
Date of Birth dd/mmm/yyyy	Sex <input type="checkbox"/> M <input type="checkbox"/> F	PHN	BCCA ID#	Phone	Fax

SPECIMEN			ADDRESS	
Specimen Type <input type="checkbox"/> FFPE Block <input type="checkbox"/> Plasma cfDNA <input type="checkbox"/> CGL Specimen <input type="checkbox"/> Other _____	Originating Hospital	Collection Date dd/mmm/yyyy	<b>COPY PHYSICIANS (ALL INFORMATION IS NECESSARY)</b> Name _____ MSC Address _____ Name _____ MSC Address _____	
	Referring Lab/Hospital Sample ID	Tissue Type		
	Tumour Content	Tumour Cellularity		

REASON FOR TESTING / DIAGNOSIS / CLINICAL HISTORY (REQUIRED FOR TEST TO PROCEED)	Name	MSC
	Address	
	Name	MSC
	Address	

MOLECULAR		
Select OncoPanel OR single-gene testing, both cannot be performed. OncoPanel samples with limiting DNA may instead receive single-gene testing.		
	OncoPanel (14-21 days)	Single-gene testing (<14 days)
Colorectal Cancer (Metastatic)	<input type="checkbox"/> OncoPanel	
Gastrointestinal Stromal Tumour (GIST)	<input type="checkbox"/> OncoPanel	
Glioblastoma Multiforme		<input type="checkbox"/> MGMT promoter methylation
Low Grade Glioma	<input type="checkbox"/> OncoPanel	
Lung Cancer (Stage IIIB/IV Non-Squamous, Non-Neuroendocrine)	<input type="checkbox"/> OncoPanel, ALK IHC/FISH, PDL1 IHC	Pretreatment: <input type="checkbox"/> EGFR (hotspots), ALK IHC/FISH, PDL1 IHC Progression (EGFR T790M only): <input type="checkbox"/> Tissue biopsy (collected post-progression) <input type="checkbox"/> Plasma cfDNA (*in cfDNA blood tubes*)
Melanoma (Non-Resectable/Metastatic)	<input type="checkbox"/> OncoPanel	<input type="checkbox"/> BRAF (V600 E,D,K)

CYTOGENETICS (FISH)		
Alveolar Soft Part Sarcoma <input type="checkbox"/> TFE3 (Xp11.23)	Extraskeletal Myxoid Chondrosarcoma <input type="checkbox"/> NR4A3 aka CHN (9q22.33)	Myxoid Liposarcoma <input type="checkbox"/> DDIT3 (12q13)
Aneurysmal Bone Cyst / Nodular Fasciitis <input type="checkbox"/> USP6 (17p13)	Germ Cell Tumours <input type="checkbox"/> 12p/q	Oligodendroglioma (ODG) <input type="checkbox"/> 1p36/19q13
Clear Cell Sarcoma <input type="checkbox"/> EWSR1 (22q12.2) <input type="checkbox"/> ATF1 (12q13.12)	Liposarcoma <input type="checkbox"/> MDM2 (12q15)	Renal Cell Carcinoma <input type="checkbox"/> TFE3 (Xp11.23)
Dermatofibrosarcoma Protuberens (DFSP) <input type="checkbox"/> PDGFB (22q13.1)	Low Grade Fibromyxoid Sarcoma <input type="checkbox"/> CREB3L2 (7q33) <input type="checkbox"/> FUS (16p11.2)	Rhabdomyosarcoma <input type="checkbox"/> PAX7/FOXO1 t(1;13) <input type="checkbox"/> PAX3/FOXO1 t(2;13)
Ewing Sarcoma <input type="checkbox"/> EWSR1 (22q12.2) <input type="checkbox"/> FLI1 (11q24.3)	Mammary Analog Secretory Carcinoma <input type="checkbox"/> ETV6 (12p13)	Synovial Sarcoma <input type="checkbox"/> SS18 (18q11.2)
Other (with prior CGL Director's Approval)		

Physician Signature (required)		Date
Signature acknowledges an understanding that the OncoPanel may identify potential germline findings of hereditary significance		

Lab Use Only	FFPE Blocks	Scrolls	H&E	IHC	Unstained	Tumour Content %	Cellularity %	Pathologist Initials	Notes