

CANCER GENETICS AND GENOMICS LABORATORY

HEREDITARY CANCER MULTI-GENE PANEL



BC CANCER
DEPT. OF PATHOLOGY AND LABORATORY MEDICINE
ROOM 3307 - 600 WEST 10TH AVENUE
VANCOUVER BC V5Z-4E6

604-877-6000 EXT 67-2094
FAX: 604-877-6294
MON-FRI 8:30AM-4:30PM
WWW.CANCERGENETICSLAB.CA
GENETIC.COUNSELLOR@BCCANCER.BC.CA

CANCER GENETICS LAB
SHIRE LABEL USE ONLY

PATIENT INFORMATION

Last Name	First and Middle Names		
Date of Birth (dd/mmm/yyyy)	Gender Male Female Non Binary/Other/Not Disclosed		
PHN	BC Cancer ID	Cerner MRN	
Email Address			

REQUESTING PHYSICIAN **NOTE: SIGNATURE REQUIRED (BELOW)**

Name	MSC
Phone	Fax
Address	
Email Address	

CONSENT

Your sample **may** be sent to a laboratory in the USA for testing. Your personal information (name, date of birth, sex, cancer history) would be sent with the sample.
Please contact genetic.counsellor@bccancer.bc.ca if you have any questions or concerns.

Patient agrees to their results being shared with relatives referred to BC Cancer for genetic testing
Yes No

If patient is unable to receive their results, it should be disclosed to (or shared with):
Name Relationship to patient Contact Phone / Email

COPY PHYSICIANS (ALL INFORMATION IS NECESSARY)

Name	MSC
Address	
Name	MSC
Address	

SPECIMEN

Specimen Type	Collect 1 x 6mL EDTA blood. Store and ship at room temperature using overnight delivery to Cancer Genetics and Genomics Laboratory (address above). Do not refrigerate or freeze.	Collection Date (dd/mmm/yyyy)
Peripheral Blood		

INTERPRETER

Interpreter required?
No Yes, Language:

HEREDITARY CANCER TESTING INFORMATION

- This is a blood test to see if your cancer is hereditary. About 1 in 10 cancers are hereditary.
- If your cancer is hereditary, you will have an appointment with a genetic counsellor.
- Your test results may have implications for relatives.
- Your test results may be used to guide your cancer treatment and tell us about new cancer risks.
- Under the Canadian Genetic Non-Discrimination Act (GNDA), companies (including insurers) and employers cannot ask for your genetic test results or ask you to have genetic testing.
- Any unused samples may be stored at the BC Cancer Genetics & Genomics Laboratory and may be used to develop new clinical genetic tests in BC.

TEST REQUESTED

Hereditary Cancer Multi-Gene Panel Testing SQ HCAGPB If your patient requires expedited testing for treatment planning, please email genetic.counsellor@bccancer.bc.ca

ANCESTRAL BACKGROUND – SELECT ALL THAT APPLY

Africa / Caribbean	Asia East South/Central	Europe / UK	Indigenous (First Nations, Metis, Inuit)	Jewish Ashkenazi Sephardic	Middle East	South / Central America	Other
							Specify:

TESTING INDICATION(S) – SELECT ALL THAT APPLY

Breast Cancer <small>(BRCA)</small> HER2-negative breast cancer, eligible for adjuvant Olaparib Hereditary Breast and Ovarian Cancer <small>(INHERCAN)</small> Breast cancer ≤ age 50 2 primary breast cancers at any age Triple negative (ER-PR-HER2-) breast cancer Ovarian, fallopian tube or peritoneal cancer (non-mucinous epithelial; incl. STIC) Male breast cancer Prostate Cancer <small>(INHERCAN)</small> Metastatic prostate cancer	Pancreatic Cancer <small>(PANC CA)</small> Pancreatic ductal adenocarcinoma (PDAC) <u>and</u> patient has first degree relative with PDAC: Yes No Unknown Pancreatic neuroendocrine tumour Medullary Thyroid Cancer <small>(MTC)</small> Medullary thyroid cancer Paraganglioma <small>(PGL)</small> Paraganglioma (includes pheo) Renal Cancer <small>(RENAL)</small> ≤ age 47	Ashkenazi Jewish Heritage <small>(INHERCAN)</small> Personal or family history of breast, ovarian, pancreatic, high-grade prostate cancer Other <small>(INHERCAN)</small> ** Approved by Hereditary Cancer Program ** Confirmation of pathogenic variant result (include relevant report(s) from tumour testing or clinical trial/research testing) ** INDICATION/VARIANT DETAILS (REQUIRED FOR TEST TO PROCEED):
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PHYSICIAN SIGNATURE **(REQUIRED)**

By signing below, I hereby acknowledge that I have informed the patient about the implications of hereditary testing.

DATE

LAB USE ONLY	PB EDTA	Other	HCP USE ONLY	Progeny	Initials	Date

The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts.

CACG_CGL_3017 CGL HEREDITARY CANCER MULTI-GENE PANEL REQUISITION (V.6.0 DECEMBER 2024)