

CANCER GENETICS LABORATORY



BRITISH COLUMBIA CANCER AGENCY
DEPT. OF PATHOLOGY AND LABORATORY MEDICINE
ROOM 3305 - 600 WEST 10TH AVENUE
VANCOUVER BC V5Z-4E6

604-877-6000 EXT 67-2094
WWW.CANCERGENETICSLAB.CA
INFO@CANCERGENETICSLAB.CA
WWW.BCCANCER.BC.CA



ADDRESSOGRAPH OR PATIENT LABEL

SOLID TUMOUR TESTING REQUISITION

See www.cancergeneticslab.ca for current Myeloid, Lymphoid, Solid Tumor and Hereditary test information and requisitions

Requesting Physician: Please complete and sign this requisition and then 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			
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"/> CGL Specimen <input type="checkbox"/> Other _____	Originating Hospital	Collection Date dd/mmm/yyyy				COPY PHYSICIANS (ALL INFORMATION IS NECESSARY) 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. Samples with limiting DNA may instead receive single-gene testing for the provided indication. Tests requiring less than 14 day turnaround should select single-gene assay.							
	OncoPanel (14-21 days)		Single-gene testing (<14 days)				
Colorectal Cancer (Metastatic)	<input type="checkbox"/> OncoPanel		<input type="checkbox"/> KRAS (codons 12,13)				
Gastrointestinal Stromal Tumour (GIST)	<input type="checkbox"/> OncoPanel		<input type="checkbox"/> KIT <input type="checkbox"/> PDGFRA				
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, PDL1, ALK IHC/2p23 FISH		<input type="checkbox"/> EGFR, PDL1, ALK IHC/2p23 FISH				
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) Aneurysmal Bone Cyst / Nodular Fasciitis <input type="checkbox"/> USP6 (17p13) Clear Cell Sarcoma <input type="checkbox"/> EWSR1 (22q12.2) <input type="checkbox"/> ATF1 (12q13.12) Dermatofibrosarcoma Protuberans (DFSP) <input type="checkbox"/> PDGFB (22q13.1) Ewing Sarcoma <input type="checkbox"/> EWSR1 (22q12.2) <input type="checkbox"/> FLI1 (11q24.3)	Germ Cell Tumours <input type="checkbox"/> 12p/q Liposarcoma <input type="checkbox"/> MDM2 (12q15) Low Grade Fibromyxoid Sarcoma <input type="checkbox"/> CREB3L2 (7q33) <input type="checkbox"/> FUS (16p11.2) Myxoid Chondrosarcoma <input type="checkbox"/> NR4A3(aka CHN) (9q22.33) Myxoid Liposarcoma <input type="checkbox"/> DDIT3 (12q13)	Oligodendroglioma (ODG) <input type="checkbox"/> 1p36 /19q13 Renal Cell Carcinoma <input type="checkbox"/> TFE3 (Xp11.23) Rhabdomyosarcoma <input type="checkbox"/> PAX7/FOXO1 t(1;13) <input type="checkbox"/> PAX3/FOXO1 t(2;13) 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 Block	Tumour Content %	Cellularity %				
	Scrolls	Pathologist initials					
	H&E	Notes					
	IHC						
	Unstained						