Provincial Health Services Authority
Province-wide solutions. Better health.

BC Cancer Agency
CARE & RESEARCH
An agency of the Provincial Health Services Authority

Addressograph or patient label

CANCER GENETICS REQUISITION RET INDEX TESTING

Cancer Genetics Lab Room # 3305
600 West 10th Avenue, Vancouver BC V5Z 4E6
Phone: (604) 877 6000 Ext. 672094

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

Patient Name(last, first) _____ _____ **PHN** _____ Expiry (mm/yy)

Date of Birth(dd/mmm/yyyy) _____ **Sex M F** **BCCA №** _____

Requesting Physician _____ **MSC** _____ **Signature** _____

Physician Address _____ **Phone №** _____

Report copy to (all information is necessary to receive a report)

Name: _____ MSC _____ Address _____

Name: _____ MSC _____ Address _____

Specimen Type: ☐ Peripheral Blood

Specimen Collection Date: (dd/mm/yy) _____ **Time**: _____ **(fill out at collection)**

Collect 2 x 4mL peripheral blood in EDTA tubes (lavender top), ship at ambient temperature. Do NOT spin or freeze. Samples must be shipped to the lab (address above) as soon as possible and received within 48 hours after collection. Avoid arrival on Fridays, weekends and public holidays.

Important Information: Genetic Testing for Multiple Endocrine Neoplasia Types 2A & 2B (MEN2A & MEN2B) & Familial Medullary Thyroid Cancer (FMTC)

MEN2A, MEN2B and FMTC are associated with mutations in the ***RET* proto-oncogene**. Mutation analysis of the *RET* proto-oncogene can be requested by endocrinologists, oncologists or Hereditary Cancer Program (HCP) staff.

Note: **MEN1** may be suspected if the history includes primary endocrine abnormalities involving hyperactivity/tumours of the pituitary, parathyroid and pancreas (including intractable peptic ulcer disease) but does not include MTC. *RET* testing does not identify MEN1. Testing for MEN1 is available by referral to the Hereditary Cancer Program.

INDICATION FOR INDEX RET TESTING – THIS SECTION MUST BE COMPLETED:

- ☐ personal history of **medullary thyroid cancer (MTC),** with or without additional family history of MTC
- ☐ personal history of **pheochromocytoma and/or parathyroid adenoma/hyperplasia (hypercalcemia)** and a family history that includes an additional case of MTC, and/or pheochromocytoma and/or parathyroid adenoma/hyperplasia
- ☐ personal history of **both pheochromocytoma and hyperparathyroidism**
- ☐ personal history of **mucosal neuromas and any of the above** (specific to MEN2B)

Index *RET* testing of an unaffected individual may be considered when there is no living affected relative but must be arranged through an HCP genetic counsellor to allow for evaluation of family history.

All Carrier testing and non-specialized physician requests should be referred to the Hereditary Cancer Program 604-877-6000, local 672198. Information is available at http://www.screeningbc.ca/Hereditary/default.htm

In submitting this specimen, the requesting physician warrants that informed consent to perform the requested analysis was obtained. If the requested analysis is to be performed on a minor the requesting physician warrants that results will inform immediate clinical management of this patient.

_____ _____

Signature of Requesting MD Date (dd/mmm/yy)

For Cancer Genetics Lab use only

Lab Number B___-_____ Date Received _____ Initial _____

Sample received :_____tubes of _____mL EDTA(PB),___tubes of _____mL Na Hep