

# CANCER GENETICS AND GENOMICS LABORATORY

## PHARMACOGENOMICS REQUISITION



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](http://WWW.CANCERGENETICSLAB.CA)  
[CANCERGENETICSLAB@BCCANCER.BC.CA](mailto:CANCERGENETICSLAB@BCCANCER.BC.CA)

ADDRESSOGRAPH OR PATIENT LABEL

### 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	

### REQUESTING PHYSICIAN

Name	MSC
Phone	Fax

### SPECIMEN

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

NOTE: PHYSICIAN SIGNATURE REQUIRED (BELOW)

### COPY PHYSICIANS (ALL INFORMATION IS NECESSARY)

Name	MSC
Address	
Name	MSC
Address	

### REASON FOR TESTING

<p>DPYD Prospective testing (prior to first ever exposure to 5FU/Capecitabine)</p> <p>Known/Suspected adverse reaction to 5FU/Capecitabine. DPYD genotype unknown</p>
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Name	MSC
Address	

### NOTES

Testing is **NOT** indicated for patients who have previously demonstrated tolerance to fluoropyrimidine (5-fluorouracil (5-FU) or Capecitabine).

### PHYSICIAN SIGNATURE (REQUIRED)

DATE

LAB USE ONLY	PB EDTA	Other
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