

# CANCER GENETICS V) 8-V\ U @ LABORATORY

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

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WWW.CANCERGENETICSLAB.CA  
INFO@CANCERGENETICSLAB.CA  
WWW.BCCANCER.BC.CA



ADDRESSOGRAPH OR PATIENT LABEL

hk\ α@V° 'u-au@8 k-j y @@@ V

**Requesting Physician:** Please complete and sign this requisition, \_\_\_\_\_ # h \_\_\_\_\_, then fax to the originating hospital lab holding the specimen

**Lab:** Please ship specimen with this form and pathology 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	Originating Hospital	Collection Date dd/mmm/yyyy		COPY PHYSICIANS (ALL INFORMATION IS NECESSARY)			
	Referring lab/Hospital specimen ID	Tissue Type BREAST TISSUE ONLY		Name	MSC		
REASON FOR TESTING/DIAGNOSIS/CLINICAL HISTORY (REQUIRED FOR TEST TO PROCEED)				Address			
				Name	MSC		
				Address			
				Name	MSC		
				Address			

**CLINICIANS MUST COMPLETE THE FOLLOWING IN ORDER TO PROCEED WITH TESTING\*:**

- Invasive ductal carcinoma
- Invasive lobular carcinoma
- Invasive carcinoma with ductal and lobular features (mixed type)
- Invasive carcinoma with no special type (NST) or not otherwise specified (NOS)

Stage	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> IIIA
Gross Tumour Size	<input type="checkbox"/> ≤ 2 cm	<input type="checkbox"/> > 2 cm	
Receptor Status	<input type="checkbox"/> ER+	<input type="checkbox"/> PR+	<input type="checkbox"/> HER2-
Node Status	<input type="checkbox"/> Negative/single cells only	<input type="checkbox"/> Microscopic ≤ 2mm	

**\*NOTE: Testing is only performed on HER2 negative, ER+ and/or PR+ positive samples.**

<b>Physician Signature (required)</b> In submitting this specimen, the requesting physician warrants that testing was approved by CAP, and informed consent to perform the requested test was obtained.	Date
Print Name	

Lab Use Only	FFPE Block	Tumour Content %	Cellularity %	
BCCA Pathologist Review: - Circle tumour area on H&E slide - Tumour cellularity within circled area must be ≥10% - Circled tumour surface area must be ≥4 mm <sup>2</sup> - Total tumour surface area of 100 mm <sup>2</sup> is recommended as input for test. Total number of unstained slides required depends on the circled tumour surface area	Scrolls	Pathologist initials		
	H&E	Number of Unstained Slides required (check box):		
	IHC	4-19 mm <sup>2</sup> = 6 slides	<input type="checkbox"/>	
	Unstained	20-99 mm <sup>2</sup> = 3 slides	<input type="checkbox"/>	
		≥ 100 mm <sup>2</sup> = 1 slide	<input type="checkbox"/>	