

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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ADDRESSOGRAPH OR PATIENT LABEL

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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.**

Physician Signature (required) In submitting this specimen, the requesting physician warrants that testing was approved by CAP Print Name	Date
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Lab Use Only 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 ² - Total tumour surface area of 100 mm ² is recommended as input for test. Total number of unstained slides required depends on the circled tumour surface area	FFPE Block	Tumour Content %	Cellularity %	
	Scrolls	Pathologist initials		
	H&E	Number of Unstained Slides required (check box):		
	IHC	4-19 mm ² = 6 slides	<input type="checkbox"/>	
	Unstained	20-99 mm ² = 3 slides	<input type="checkbox"/>	
		≥ 100 mm ² = 1 slide	<input type="checkbox"/>	