

<h2 style="margin: 0;">CANCER GENETICS AND GENOMICS LABORATORY</h2> <h3 style="margin: 0;">SOLID TUMOUR TESTING - MOLECULAR</h3> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="text-align: left;"> <p><b>BC CANCER</b>  DEPT. OF PATHOLOGY AND LABORATORY MEDICINE  ROOM 3307 - 600 WEST 10TH AVENUE  VANCOUVER BC V5Z-4E6</p> </div> <div style="text-align: right;"> <p>604-877-6000 EXT 67-2094  FAX: 604-877-6294  MON-FRI 8:30AM-4:30PM  <a href="http://WWW.CANCERGENETICSLAB.CA">WWW.CANCERGENETICSLAB.CA</a>  <a href="mailto:CANCERGENETICSLAB@BCCANCER.BC.CA">CANCERGENETICSLAB@BCCANCER.BC.CA</a></p> </div> </div>										ADDRESSOGRAPH OR PATIENT LABEL		
PATIENT INFORMATION										REQUESTING PHYSICIAN		
Last Name				First and Middle Names						Name		MSC
Date of Birth dd/mmm/yyyy			Gender Male      Female      Non Binary/Other/not disclosed							Phone		Fax
PHN		BC Cancer ID			Cerner MRN					Address   <div style="color: red; font-size: small; text-align: center;">NOTE: PHYSICIAN SIGNATURE REQUIRED (BELOW)</div>		
SPECIMEN												
Specimen Type FFPE Block Plasma ccfDNA CGL Specimen Other _____		Originating Hospital			Collection Date dd/mmm/yyyy							
		Referring Lab/Hospital Sample ID			Tissue Type							
		Tumour Content (%)			Specimen Cellularity (%)					COPY PHYSICIANS (ALL INFORMATION IS NECESSARY)		
REASON FOR TESTING / DIAGNOSIS / CLINICAL HISTORY (REQUIRED FOR TEST TO PROCEED)										Name		MSC
										Address		
										Name		MSC
										Address		
INDICATION					MOLECULAR TESTING <span style="color: red; font-size: small;">FFPE BLOCK WILL BE SCROLLED OR CORED</span>							
Breast Cancer <i>Metastatic, HR+, HER2- Only</i>					OncoPanel							
Colorectal Cancer <i>Non-Metastatic MLH1 deficient</i>					BRAF V600							
					Metastatic					OncoPanel		
Gastrointestinal Stromal Tumour										OncoPanel		
Glioblastoma					MGMT promoter methylation							
Glioma <i>Low Grade Infiltrating</i>					Focus Panel							
Lung Cancer <i>Non-Squamous, Non-Neuroendocrine</i>					Stage IB to IIIA		Focus Panel (Includes ALK IHC/FISH, PD-L1 IHC)					
					Stage IIIB to IV		Focus Panel (Includes ALK IHC/FISH, PD-L1 IHC)					
					Progressing on TKI		EGFR T790M ctDNA (Plasma cfdNA)			Treatment: _____		
Melanoma <i>Stage III</i> <i>Unresectable or Metastatic</i>					BRAF V600							
					Focus Panel					OR		OncoPanel
Ovarian/Fallopian Tube/Peritoneal Cancer <i>High-grade serous</i>					OncoPanel							
Prostate Cancer <i>Metastatic</i>					<u>Order OncoPanel first</u> OncoPanel (Tissue Biopsy)				<u>ctDNA if tissue unavailable/inadequate</u> ctDNA Panel (Plasma ccfDNA)			
Salivary Cancer					Focus Panel							
Thyroid Carcinoma <i>Medullary and differentiated</i>					Focus Panel							
Urothelial Carcinoma <i>Metastatic or Unresectable, locally advanced</i>					Focus Panel							
Other					_____ For approval, email <a href="mailto:CancerGeneticsLab@bccancer.bc.ca">CancerGeneticsLab@bccancer.bc.ca</a>							
INSTRUCTIONS/NOTES												
<b>Requesting Physician:</b> For FFPE specimens, please complete, sign, and fax form to the hospital pathology lab holding the specimen (not CGL) <b>Hospital Pathology Lab:</b> Please ship specimen with copies of this form and path report to: BCCA Pathology - Room 3225, 600 West 10th Avenue, Vancouver BC V5Z 4E6												
PHYSICIAN SIGNATURE (REQUIRED)					DATE							
LAB USE ONLY	FFPE Blocks	Scrolls	H&E	IHC	Unstained	ccfDNA	Tumour Content %	Cellularity %	Pathologist Initials	Notes		