

CANCER GENETICS AND GENOMICS LABORATORY

SOLID TUMOUR TESTING - MOLECULAR



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
CANCERGENETICSLAB@BCCANCER.BC.CA

ADDRESSOGRAPH OR PATIENT LABEL

PATIENT INFORMATION

| | | | |
|---------------------------|------------------------|--------------------------------|--|
| Last Name | First and Middle Names | | |
| Date of Birth dd/mmm/yyyy | Gender | Non Binary/Other/not disclosed | |
| | Male | Female | |
| PHN | BC Cancer ID | Cerner MRN | |

REQUESTING PHYSICIAN

| | |
|---------|-----|
| Name | MSC |
| Phone | Fax |
| Address | |

SPECIMEN

| | | |
|--|----------------------------------|-----------------------------|
| Specimen Type | Originating Hospital | Collection Date dd/mmm/yyyy |
| FFPE Block Plasma ccfDNA CGL Specimen Other _____ | Referring Lab/Hospital Sample ID | Tissue Type |
| | Tumour Content (%) | Specimen Cellularity (%) |

NOTE: PHYSICIAN SIGNATURE REQUIRED (BELOW)

COPY PHYSICIANS (ALL INFORMATION IS NECESSARY)

| | |
|---------|-----|
| Name | MSC |
| Address | |
| Name | MSC |
| Address | |

REASON FOR TESTING / DIAGNOSIS / CLINICAL HISTORY (REQUIRED FOR TEST TO PROCEED)

| | | |
|--|---------|-----|
| | Name | MSC |
| | Address | |
| | Name | MSC |
| | Address | |

INDICATION

MOLECULAR TESTING FFPE BLOCK WILL BE SCROLLED OR CORED

| | | | |
|---|---|--|------------------|
| Breast Cancer <i>Metastatic, HR+, HER2- Only</i> | OncoPanel | | |
| Colorectal Cancer <i>Non-Metastatic MLH1 deficient</i> | BRAF V600 | | |
| | <i>Metastatic</i> 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 ccfDNA) | Treatment: _____ |
| Melanoma <i>Stage III</i> | BRAF V600 | | |
| | <i>Unresectable or Metastatic</i> Focus Panel OR OncoPanel | | |
| Ovarian/Fallopian Tube/Peritoneal Cancer <i>High-grade serous</i> | OncoPanel | | |
| Prostate Cancer <i>Metastatic</i> | Order OncoPanel first OncoPanel (Tissue Biopsy) | ctDNA if tissue unavailable/inadequate 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 CancerGeneticsLab@bccancer.bc.ca | | |

INSTRUCTIONS/NOTES

Requesting Physician: For FFPE specimens, please complete, sign, and fax form to the hospital pathology lab holding the specimen (not CGL)

Hospital Pathology Lab: 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 |
|--------------|-------------|---------|-----|-----|-----------|--------|------------------|---------------|----------------------|-------|