

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

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

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
		Stage IIIB to IV	Focus Panel
		Progressing on TKI	EGFR T790M ctDNA (Plasma ccfDNA) Focus Panel (Tissue Biopsy)
Mammary Analog Secretory Carcinoma		Focus Panel	
Melanoma	<i>Stage III</i>	BRAF V600	
	<i>Non-Resectable/Metastatic</i>	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)
Thyroid Carcinoma	<i>Medullary and differentiated</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
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