

CANCER GENETICS REQUISITION – Solid Tumour



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Patient Information

***Name (print):**
 Surname, First Name
Address:
***DOB (DD/MM/YYYY):**
***Sex:** M [] F [] Other
***Health Card No.:**
**Mandatory Information. Specimen cannot be processed without this*

Reports To:

*Ordering Physician: _____
**Surname, First Name*
 Address: _____
 *Phone: _____ Fax: _____
 Physician Signature: _____

Additional Copies To:

Name: _____
**Surname, First Name*
 Address: _____
 *Phone: _____
 Fax: _____

Date Sample Taken:

(DD/MM/YY):
 Time:
 Ward/Hospital where sample taken:

Specimen Submitted:

Surgical/Pathology#: _____
Block #: _____
***Refer to individual test requests below**

Please refer to the HRLMP Laboratory Test Information Guide (LTIG) for complete sample requirements and information about available test panels: <https://ltig.hrlmp.ca/>

For special requests or any inquiries, please contact the lab at geneticsmailbox@hhsc.ca

DIAGNOSTIC TESTING

Solid Tumour – Molecular Testing

(for gene list refer to LTIG)

% Tumour: _____

DNA/RNA mutation panel

***FFPE curls: Two tubes of curls (5 curls 5-10 micron thickness per tube) or**
***FFPE slides: 7 micron thickness; 10 slides + 1 stained H&E with area of interest identified**

- | | |
|--|---|
| <input type="checkbox"/> Lung Cancer | <input type="checkbox"/> Bladder Cancer |
| <input type="checkbox"/> Breast Cancer | <input type="checkbox"/> Thyroid Cancer |

DNA mutation panel

*** FFPE slides: 7 micron thickness; 5 slides + 1 stained H&E with area of interest identified**

- | | |
|---|--|
| <input type="checkbox"/> Melanoma | <input type="checkbox"/> Colorectal Cancer |
| <input type="checkbox"/> Uveal melanoma | <input type="checkbox"/> GIST |
| <input type="checkbox"/> Endometrial cancer | <input type="checkbox"/> Ovarian cancer |
| <input type="checkbox"/> Sex cord stromal | <input type="checkbox"/> Prostate cancer |
| <input type="checkbox"/> Somatic Lynch* | <input type="checkbox"/> SCCOHT |

*** MMR IHC and Germline Testing reports required.**

Solid Tumour – FISH

***All slides for FFPE FISH studies: 4 micron thickness on POSITIVELY charged slides with Region of Interest**

Lymphoma

- BCL6 (3q27) – DLBCL
- BCL2 (18q21.33) – Follicular/DLBCL
- MYC (8q24) – Burkitt
- CCND1 (11q13) – Mantle Cell
- MALT1 (18q21) – Marginal Zone
- ALK (2p23) – Anaplastic LCL

Sarcoma

- MDM2 amplification (12q15)
- EWSR1 (22q12) – Ewing
- FUS (16p11)
- SS18 (18q11.2) – Synovial
- MYC Amplification (8q24) – Angiosarcoma
- PAX3 (2q35) – Rhabdomyosarcoma
- PAX7 (1p36) – Rhabdomyosarcoma

Lung

- ALK (2p23)

PROGRESSION AND DISEASE MONITORING

EGFR TKI Resistance - T790M (FFPE slides)

% Tumour: _____

- Include diagnostic report; if diagnostic testing not performed at HHS, attach copy of original report to avoid delays in testing

LAB USE ONLY

_____ slides + _____ H&E with _____% tumour

LAB NO:

Entered by: _____ tissue curls with _____% tumour

Checked by: _____ Comments: _____

Received date/time: