

Genetics Laboratory - Credit Valley Hospital
2200 Eglinton Ave West, Room 2H144
Mississauga ON, L5M 2N1
Tel: (905) 813-1100 ext. 6288
Fax: (905) 813-3854

ONCOLOGY GENETIC TESTING REQUISITION

~ Visit community collection lab for blood draw. ~

PATIENT DEMOGRAPHICS			
Last Name:	Health Card #:	Version Code:	
First Name:	Date of Birth (DD/MM/YYYY):		
Address:	Legal Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		
City:	<input type="checkbox"/> Unknown <input type="checkbox"/> X		
Province:	Phone Number:		
Postal Code:	Email Address:		
REFERRING PROVIDER		COPIES TO	
Last Name:		Last Name:	
First Name:		First Name:	
CPSO #:	OHIP Billing #:	CPSO #:	OHIP Billing #:
Address:		Address:	
City/Prov:	Postal Code:	City/Prov:	Postal Code:
Phone:	Fax:	Phone:	Fax:
Signature (required):		Date:	
SPECIMEN REQUIREMENTS			
SPECIMEN COLLECTION DATE (DD/MM/YYYY): _____ TIME (HH:MM): _____			
Molecular Genetics and Microarray		Cytogenetics	
<input type="checkbox"/> Blood (5-10mL EDTA, room temp)		<input type="checkbox"/> Bone Marrow (3mL NaHep, room temp); attach CBC report	
<input type="checkbox"/> Bone Marrow (3mL EDTA, room temp); attach CBC report		<input type="checkbox"/> Blood (3mL NaHep, room temp); attach CBC report	
<input type="checkbox"/> Extracted DNA Source: _____ (2µg total; min.70ng/uL)		<input type="checkbox"/> Cell Suspension Source: _____	
<input type="checkbox"/> Paraffin-Embedded (FFPE) Tissue Specimen #/ Block #: _____ Tumour Cellularity in circled H&E region: _____ % -include circled H&E -air dry 10 x 4um sections/test ordered on <i>uncoated</i> slides. -attach corresponding pathology report		<input type="checkbox"/> Paraffin Embedded (FFPE) Tissue Slide Specimen #/ Block #: _____ Tumour Cellularity in circled H&E region: _____ % - include circled H&E - air dry 2 x 4µm sections/probe on <i>positively</i> charged slides. - attach corresponding pathology report	
<input type="checkbox"/> Tissue (fresh) Source: _____			
CLINICAL INFORMATION			
<input type="checkbox"/> Has patient had a blood transfusion in the last 30 days			
<input type="checkbox"/> Bone Marrow Transplant recipient? Sex of donor: <input type="checkbox"/> Male <input type="checkbox"/> Female			
TESTING STATUS			
<input type="checkbox"/> Routine			
<input type="checkbox"/> Expedited: Reason (required): _____ Surgery Date (if applicable): _____			
THP - LAB USE ONLY			
Date / Time Received: _____		FOR THP LABEL ONLY	
Specimen Details: _____ Initials: _____			
Comments: _____			
RQ#: _____			

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CYTOGENETICS

TEST REQUESTED	REASON FOR REFERRAL / FISH PROBE REQUEST	
<input type="checkbox"/> Karyotyping (Chromosome analysis)	<input type="checkbox"/> AML	<input type="checkbox"/> Lymphoma
	<input type="checkbox"/> ALL	<input type="checkbox"/> MDS
	<input type="checkbox"/> CML	<input type="checkbox"/> MPN (PV, ET, MF, etc)
	<input type="checkbox"/> CLL	<input type="checkbox"/> Multiple Myeloma
	<input type="checkbox"/> Eosinophilia	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hematologic FISH	<input type="checkbox"/> Multiple Myeloma FISH panel <i>CDKN2C (1p); CKS1B(1q); TP53 (17p); D17Z1 (17cent); IGH::MYEOV;</i> with reflex to <i>IGH::FGFR3; IGH::MAF; IGH::MAFB</i> as needed	
	<input type="checkbox"/> Diffuse Large B-Cell Lymphoma Panel <i>MYC (with reflex to BCL2 and BCL6 as needed)</i>	<input type="checkbox"/> <i>MYC</i> only (8q24)
	<input type="checkbox"/> <i>CCND1::IGH t(11;14)</i>	<input type="checkbox"/> <i>BCL2</i> only (18q21)
	<input type="checkbox"/> <i>PDGFRA (4q12)</i>	<input type="checkbox"/> <i>BCL6</i> only (3q27)
	<input type="checkbox"/> <i>PDGFRB (5q32)</i>	<input type="checkbox"/> <i>PML::RARA t(15;17)</i>
<input type="checkbox"/> Paraffin-Embedded (FFPE) FISH	<input type="checkbox"/> Diffuse Large B-Cell Lymphoma Panel <i>MYC (with reflex to BCL2 and BCL6 as needed)</i>	
	<input type="checkbox"/> <i>MYC</i> only (8q24)	
	<input type="checkbox"/> <i>BCL2</i> only (18q21)	
	<input type="checkbox"/> <i>BCL6</i> only (3q27)	

MOLECULAR GENETICS and MICROARRAY

MOLECULAR HEMATOLOGY	
<input type="checkbox"/> CML Diagnostic <input type="checkbox"/> CML MRD Follow Up	Require CML specimen within 24 hours of collection along with CBC report
<input type="checkbox"/> CLL microarray panel (chromosomes: 11q, 12, 13q, 17p)	
<input type="checkbox"/> B Cell Clonality	
<input type="checkbox"/> T Cell Clonality	
<input type="checkbox"/> Hemochromatosis (<i>HFE</i>) Common Variants	
<input type="checkbox"/> Hairy Cell Leukemia (<i>BRAF</i>)	
<input type="checkbox"/> <i>JAK2 / CALR</i>	
<input type="checkbox"/> Thrombophilia Common Variant Panel (<i>Factor II, Factor V</i>)	
<input type="checkbox"/> Myeloid NGS Panel ¹ (Pathology report required. Bone Marrow preferred. Contact laboratory if blood testing is required).	
¹ Sequence and copy number analysis on the following: <i>ABL1 ASXL1 BCOR BCORL1 BRAF CALR CBL CDKN2A CEBPA CSF3R CUX1 DDX41 DNMT3A ETV6 EZH2 FLT3 GATA2 GNAS HRAS IDH1 IDH2 JAK2 JAK3 KIT KMT2A KRAS MPL NF1 NPM1 NRAS PHF6 PIGA PPM1D PRPF8 PTEN PTPN11 RAD21 RRAS2 RUNX1 SETBP1 SF3B1 SH2B3 SMC3 SRSF2 STAG2 STAT3 STAT5B TET2 TP53 U2AF1 WT1 ZRSR2</i>	

PHARMACOGENOMICS
<input type="checkbox"/> <i>DPYD</i>

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Genome Diagnostics – SOLID TUMOUR

Test	Regions of Interest
<input type="checkbox"/> Bladder NGS Panel ^{1,2}	<p><u>Gene content of NGS Panels</u> Sequence and copy number analysis of all genes is performed, unless otherwise indicated. Partner-agnostic fusion analyses are performed for all RNA panels. The specific exons targeted for each gene is available upon request.</p> <p>¹ Solid Tumour DNA Panel: <i>AKT1 ALK BRAF CCND1 CTNNB1 DDR2 EGFR EIF1AX ERBB2 FGFR1 FGFR2 FGFR3 GNAS HRAS IDH1 IDH2 KIT KRAS MAP2K1 MDM2 MET NRAS PDGFRA PIK3CA PTEN RET ROS1 STK11 TERT TP53 TSHR</i></p> <p>² Solid Tumour RNA Fusion Panel: <i>ALK BRAF EGFR FGFR1 FGFR2 FGFR3 KRAS MET NRG1 NTRK1 NTRK2 NTRK3 RET ROS1</i></p> <p>³ Additional DNA Analysis: <i>ATRX DICER1 ESR1 FOXL2 GNA11 GNAQ H3F3A HIST1H3B POLE SMARCA4</i></p> <p>⁴ Additional RNA Fusion Analysis: <i>ESR1 PPARG RELA YAP1 ZFTA</i></p>
<input type="checkbox"/> Breast NGS Panel ^{1,2,3,4}	
<input type="checkbox"/> <i>BRAF/MLH1</i> Specify tissue type: _____	
<input type="checkbox"/> Colorectal NGS panel ¹	
<input type="checkbox"/> Endometrial NGS Panel ^{1,3}	
<input type="checkbox"/> Endometrial <i>MLH1</i> Methylation	
<input type="checkbox"/> GIST NGS Panel ¹	
<input type="checkbox"/> Hepatobiliary/Cholangiocarcinoma NGS Panel ^{1,2}	
<input type="checkbox"/> Lung NGS Panel ^{1,2,3}	
<input type="checkbox"/> Lung Resistance Mutations ^{1,2,3}	
<input type="checkbox"/> Melanoma NGS Panel ¹	
<input type="checkbox"/> Ovarian (<i>BRCA1/BRCA2</i>)	
<input type="checkbox"/> Ovarian SCCOHT NGS Panel ^{1,3}	
<input type="checkbox"/> Prostate NGS Panel (<i>ATM, BRCA1, BRCA2, PALB2</i>)	
<input type="checkbox"/> Sex Cord Stromal NGS Panel ^{1,3}	
<input type="checkbox"/> Solid Tumour Fusion Panel (<i>NTRK, etc</i>) ^{2,4}	
<input type="checkbox"/> Thyroid NGS Panel ^{1,2,4}	
<input type="checkbox"/> Uveal Melanoma NGS Panel ^{1,3}	
Central Nervous System (CNS) SOLID TUMOURS	
<input type="checkbox"/> <i>MGMT</i> Methylation	
<input type="checkbox"/> CNS Microarray Panel (1p/19q, 1q, 6, 7, 10, <i>MYCN, EGFR, CDKN2A/2B</i>)	
<input type="checkbox"/> CNS NGS Panel ^{1,3}	
<input type="checkbox"/> CNS NGS Fusion Panel ^{2,4}	