Provincial Health Services Authority
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BC Cancer Agency
CARE & RESEARCH
An agency of the Provincial Health Services Authority

Addressograph or patient label

CANCER GENETICS REQUISITION HAEMATOLOGICAL TESTING

Cancer Genetics Lab Room # 3305
600 West 10th Avenue, Vancouver BC V5Z 4E6
Phone: (604) 877 6000 Ext. 672094

All fields must be completed LEGIBLY (patient demographics may be addressographed**).**

Patient Name(last, first) _____ _____**PHN** _____Expiry (mm/yy)

Date of Birth(dd/mmm/yyyy) _____ **Sex M F BCCA No.**_____

Requesting Physician _____**MSC** _____**Signature**_____

Physician Address _____**Physician Phone №**_____

Report copy to (all information is necessary to receive a report)

Name:_____MSC_____Address_____

Name:_____MSC_____Address_____

Specimen Collection Date: (dd/mmm/yyyy)_____**Time**:_____**(fill out at collection)**

Specimen Type: ☐ PB BM ☐Aspirate ☐ Dry Tap ☐ Core Biopsy ☐ Fresh Tissue (type) _____

☐ Paraffin Tissue (type)_____Hospital_____Block Number: _____

☐ Archive Specimen (non block): LAB #_____Hospital _____

Diagnosis (Clinical History**)** _____

_____

Treatment (specify**)** _____since _____

Disease	Testing available (Cytogenetics)	Testing available (Molecular)
Acute Lymphoblastic Leukemia	☐ FISH (diagnostic) *BCR/ABL*	☐ MRD monitoring ☐ Kinase Domain Mutation Screen
Acute Myeloblastic Leukemia	☐ Karyotype	☐ *FLT3 –ITD* ☐ *NPM1* (intermediate risk AML only, Can only be ordered by hematologist treating AML with curative intent)
t(8,21)	☐ FISH *RUNX1/RUNXITI*	☐ *KIT (D816V)* (core binding factor AML only eg inv(16),t(8;21))
Inv 16	☐ FISH *CBFB*	
11q23 rearrangement e.g.t(9,11)	☐ FISH *MLL (a.k.a.KMT2A)*	
t(12,21)	☐ FISH *ETV6/RUNX1*	
Acute Promyelocytic Leukemia t(15;17)	☐ FISH (Diagnostic) *PML/RARA*	☐ MRD monitoring
Chimerism		☐ Pre-transplant assessment (☐ Donor ☐ Recipient)
		☐ Post-transplant assessment
Chronic Lymphocytic Leukemia	☐ FISH panel*: P53, ATM, 13q14.3, CEN 12*	
Chronic Myelogenous Leukemia	☐ FISH (Diagnostic) *BCR/ABL*	☐ MRD monitoring ☐ Kinase Domain Mutation Screen
Lymphoid and Myeloid neoplasm with Eosinophilia	☐ FISH *FIP1L1/PDGFRA* ☐ FISH *PDGFRB*	
Lymphoma Follicular	☐ FISH *BCL2*	☐ T cell receptor molecular rearrangement for clonality
Mantle cell	☐ FISH *CCND1/IGH*	
Burkitt's	☐ FISH *MYC*	
Double hit	☐ FISH *MYC, BCL2*	☐ B cell immunoglobulin molecular rearrangement for clonality
Triple hit	☐ FISH *MYC, BCL2, BCL6*	
MALT	☐ FISH *MALT*	
Anaplastic large cell	☐ FISH *ALK (2p23)*	
Mastocytosis	☐ FISH *FIP1L1/PDGFRA* (if eosinophilia present)	☐ *KIT (D816V)*
Myelodysplastic Syndrome	☐ Karyotype	
Myeloproliferative Neoplasm		☐ *JAK2 (V617F)* ☐ *JAK2 Exon 12* (can only be ordered by hematologist/hematopathologist)
Multiple Myeloma	☐ FISH *FGFR3/IGH, TP53*	
Other (specify)	☐ FISH	☐ Molecular

For Cancer Genetics Lab use only

(PB)___tubes of _____mL EDTA,_____tubes of _____mL Na Hep

(BM)___tubes of _____mL EDTA,_____tubes of _____mL media

Other _____

FFPE block_____H&E_____Unstained slides_____