

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

- Lung Cancer Bladder cancer
 Breast Cancer

DNA mutation panel

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

- Melanoma Colorectal Cancer
 Uveal melanoma GIST
 Endometrial cancer Ovarian cancer
 Sex cord stromal Prostate cancer
 SCCOHT

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: