Genetics Laboratory – Credit Valley Hospital
2200 Eglinton Avenue West, Room 2H144
Mississauga, ON L5M 2N1
Tel: (905) 813-1100 ext.81-6288
Fax: (905) 813-3854

Trillium Health Partners

ONCOLOGY GENETICS TESTING REQUISITION

~ Visit community collection lab for blood draw ~

PATIENT DEMOGRAPHICS

Last Name:
First Name:
Address:
City:
Province:
Postal Code:

Health Card #:
Date of Birth (DD/MM/YYYY):
Legal Sex: ☐ Male ☐ Female ☐ Non-Binary ☐ Unknown ☐ X
Sex Assigned at Birth: ☐ Male ☐ Female ☐ Uncertain ☐ Unknown ☐ Choose not to disclose

REFERRING PROVIDER

Last Name:
First Name:
CPSO #: OHIP Billing #:
Address:
City:
Province: Phone #:
Postal Code: Fax #:
Signature (required):

COPIES TO

Last Name:
First Name:
CPSO #: OHIP Billing #:
Address:
City:
Province:
Postal Code:
Phone #: Fax #:

ADDITIONAL NOTES:

SPECIMEN COLLECTION

Collection Date (DD/MM/YYYY):
Collection Time:

Molecular Genetics

SPECIMEN REQUIREMENTS

☐ Blood (5-10mL EDTA) room temp
☐ Bone Marrow (3mL EDTA, room temp); attach CBC rpt
☐ Extracted DNA (2µg total; min 70ng/uL)
Source:
☐ Paraffin-Embedded (FFPE) Tissue
Specimen / Block #: _____
Tumour Cellularity in circled H&E region: _____ %
- include circled H&E
- air dry 10 x4µm sections per test ordered on uncoated slides.
- attach corresponding pathology report

☐ Fresh Tissue *Source:*

Cytogenetics and Microarray

SPECIMEN REQUIREMENTS

☐ Blood (3mL NaHep) room temp
☐ Bone Marrow (3mL NaHep) room temp; attach CBC rpt
☐ Cell Suspension
Source:
☐ Paraffin-Embedded (FFPE) Tissue
Specimen / Block #: _____
Tumour Cellularity in circled H&E region: _____ %
- include circled H&E
- air dry 2 x4µm sections per test ordered on positively charged slides.
- attach corresponding pathology report

CLINICAL INFORMATION

☐ Pregnant? EDD:
☐ Egg Donor?

TESTING STATUS

☐ Routine
☐ Expedited Reason (required):
Surgery Date (if applicable):

FAMILY HISTORY

Index Case: ☐ Y ☐ N
Relationship to Index Case:
Name of Index Case:
MRN / HC# of Index Case:

Please attach relevant personal / family history.

THP LABORATORY USE ONLY

Date/Time Received/ Tech:
Specimen Details:
Comments:
RQ#:

For THP LABEL ONLY

Trillium Health Partners

Last Name:
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Date of Birth:

ONCOLOGY GENETICS TESTING REQUISITION

CYTOGENETICS

TEST REQUESTED	REASON FOR REFERRAL / FISH PROBE REQUEST	
☐ **Karyotyping** (Chromosome analysis)	☐ AML	☐ Lymphoma
	☐ ALL	☐ MDS
	☐ CML	☐ MPN (PV, ET, MF, etc)
	☐ CLL	☐ Multiple Myeloma
	☐ Eosinophilia	☐ Other: _____

☐ **Hematologic FISH**	☐ Multiple Myeloma FISH panel *CDKN2C* (1p); *CKS1B*(1q); *TP53* (17p); *D17Z1* (17cent); *IGH::MYEOV;* with reflex to *IGH::FGFR3; IGH::MAF; IGH::MAFB* as needed	
	☐ Diffuse Large B-Cell Lymphoma Panel *MYC* (with reflex to *BCL2* and *BCL6 as needed*)	☐ *MYC* only (8q24)
	☐ *CCND1::IGH* t(11;14)	☐ *BCL2* only (18q21)
	☐ *PDGFRA* (4q12)	☐ *BCL6* only (3q27)
	☐ *PDGFRB* (5q32)	☐ *PML::RARA* t(15;17)

☐ **Paraffin-Embedded (FFPE) FISH**	☐ Diffuse Large B-Cell Lymphoma Panel *MYC* (with reflex to *BCL2* and *BCL6* as needed)
	☐ *MYC* only (8q24)
	☐ *BCL2* only (18q21)
	☐ *BCL6* only (3q27)

MOLECULAR GENETICS and MICROARRAY

MOLECULAR HEMATOLOGY
☐ CML Diagnostic ☐ CML MRD Follow Up — Require CML specimen within 24 hours of collection along with CBC report
☐ CLL microarray panel (chromosomes: 11q, 12, 13q, 17p)
☐ B Cell Clonality
☐ T Cell Clonality
☐ Hemochromatosis (*HFE*) Common Variants
☐ Hairy Cell Leukemia *(BRAF)*
☐ *JAK2* / *CALR*
☐ Thrombophilia Common Variant Panel (*Factor II*, *Factor V*)
☐ 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: *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*

PHARMACOGENOMICS
☐ *DPYD*
☐ *NUDT15* and *TPMT*

Trillium Health Partners

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Date of Birth:

ONCOLOGY GENETIC TESTING REQUISITION

Genome Diagnostics – SOLID TUMOUR

Test	Regions of Interest
☐ Bladder NGS Panel [1,2]	Gene content of NGS Panels 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. [1] Solid Tumour DNA Panel: *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* [2] Solid Tumour RNA Fusion Panel: *ALK BRAF EGFR FGFR1 FGFR2 FGFR3 KRAS MET NRG1 NTRK1 NTRK2 NTRK3 RET ROS1* [3] Additional DNA Analysis: *ATRX DICER1 ESR1 FOXL2 GNA11 GNAQ H3F3A HIST1H3B POLE SMARCA4* [4] Additional RNA Fusion Analysis: *ESR1 PPARG RELA YAP1 ZFTA*
☐ Breast NGS *Panel* [1,2,3,4]	
☐ *BRAF/MLH1* Specify tissue type: _____	
☐ Colorectal NGS Panel [1]	
☐ Endometrial NGS Panel [1,3]	
☐ Endometrial *MLH1* Methylation	
☐ GIST NGS Panel [1]	
☐ Hepatobiliary/Cholangiocarcinoma NGS Panel [1,2]	
☐ Lung NGS Panel [1,2,3]	
☐ Lung Resistance Mutations [1,2,3]	
☐ Melanoma NGS Panel [1]	
☐ Ovarian *(BRCA1/BRCA2)*	
☐ Ovarian SCCOHT NGS Panel [1,3]	
☐ Prostate NGS Panel *(ATM, BRCA1, BRCA2, PALB2)*	
☐ Sex Cord Stromal NGS Panel [1,3]	
☐ Solid Tumour Fusion Panel (*NTRK, etc*) [2,4]	
☐ Thyroid NGS Panel [1,2,4]	
☐ Uveal Melanoma NGS Panel [1,3]	
Central Nervous System (CNS) SOLID TUMOURS	
☐ *MGMT* Methylation	
☐ CNS Microarray Panel (1p/19q, 1q, 6, 7, 10, *MYCN*, *EGFR*, *CDKN2A/2B*)	
☐ CNS NGS Panel [1,3]	
☐ CNS NGS Fusion Panel [2,4]	