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ALBERTA PRECISION LABORATORIES Leaders in Leberstore Medicine			MOLECULAR PATHOLOGY REQUISITION SEE PAGE 2 FOR ADDITIONAL INFORMATION			
		PROVINCE	PROVINCE *PERSONAL HEALTH NUMBER (PHN) MEDICAL RECORD			
Laboratory Medicine * REQUIRED	INFORMATION				NUMBER	
PHYSICIAN TO ACT ON RESULTS:		*0.47/51/71 4.07 14		*=		
		*PATIENT LAST NA	ME	*FULL FIRST NAME	MIDDLE NAME	
* Last Name	* Full First Nar	ne PATIENT ADDRESS		CITY, PROVINCE	POSTAL CODE	
				- ,		
* Office Address including city (Lo	cation Code) for Repor	t Delivery CHART NUMBER	GENDER	DATE OF BIRTH	PATIENT PHONE NUMBER	
For test results & related inquires Centre (LIC) at		<mark>/ Information</mark>		YYYY- MM - DD) -	
ADDITIONAL COPIES TO:		* DATE COLLECTE	ED:		ACCESSION NUMBER	
1) Last Name Full First Name			(Molecular Pathology Lab Use Only)			
			Y Y Y Y - M M - D D			
Office Address including city (Location Co	ACCESSION NUMBE	R (Lab Use Only)				
2) Last Name	Full First Name					
Office Address including city (Location Co	ode) for Report Doliver					
Once Address including city (Location Co	ode) for Report Delivery					
Surgical Pathology Number:	*Block chosen by:		CLS Site:			
	* Blocks included?	Blocks included? Yes 🔲 No 🗌 Consult 🗌 Block (s) No .: H&E(s) included? Yes 🗌				
	*H&E(s) included?					
		*% viable neopla	astic cells in indic	cated region:		
		*% viable neopla	astic cells in entir	e specimen: 🛛 💷		
*Blood/BM 🗌 Fresh Frozen T	Fissue 🗌 Fluid	Flow Media Type:	**Liqu	id Biopsy (blood)	Tissue/Fluid Source:	
*Blood/BM specimens should be subm	nitted in EDTA or AC	CD tubes. **Liquid Biopsy in Stree	ck tubes ONLY.			
*History/Diagnosis:						
Lymphocyte Receptor Gene Re	anslocation	Cancer Genomic Alterations				
Immunoglobulin Heavy Chair		Mutation Analysis				
□ T-Cell Receptor		 EGFR, BRAF, KRAS and PIK3CA (Lung Panel) T790M EGFR (Blood only) 				
\square Bcl-1 t(11;14)		 KRAS, NRAS, BRAF, EGFR and PIK3CA (Colon Panel) 				
Bcl-2 t(14;18) IgH Somatic Hypermutationa		□ BRAF, NRAS, KRAS, HRAS, KIT, GNA11, GNAQ, PTEN, RAC,				
☐ IgH Somatic Hypermutationa Viral and Bacterial Pathogen De		RPS27 and TERT (Melanoma/Thyroid Panel)				
Cytomegalovirus		□ IDH1, IDH2, H3.3, TERT and TP53 (CNS/Neuro Panel)				
Herpes Simplex Virus (HSV 1 & 2)			CTNNB1, GNAS, KIT, PDGFRA, IDH1 and IDH2 (Sarcoma Panel)			
Varicella Zoster Virus			Translocation Analysis			
 □ Epstein-Barr Virus			ALK, ROS and RET (Lung Fusion Panel, Only for confirmation of IHC)			
Parvovirus B19			Microsatellite Analysis			
Mycobacterium spp (MTB Complex)			Microsatellite Instability			
Human Polyomavirus (BK and JC)			1p/19q Loss Of Heterozygosity (Oligodendroglioma)			
Human Papillomavirus (Low		Epigenetics (Methylation)				
16, 18, 31, 33, 35, 39, 45, 51	9, 00, 07, 08 and 73)	MGMT Promoter Methylation				
	-	Human DNA Identity Testing				
		Identity/Contamination Test				
Received: In		Comments (lab use only)		Mol Path#		
Sent: In.						

SEE REVERSE (PAGE 2) FOR SAMPLE REQUIREMENTS, INSTRUCTIONS ON SUBMITTING A SPECIMEN, AND SHIPPING ADDRESS. FAX REQUISITION TO THE MOLECULAR PATHOLOGY ACCESSIONING DESK AT 403-944-4748

Alberta Precision Laboratories www.albertaprecisionlabs.ca

Main Reception 403-770-3500 Laboratory Information Centre 403-770-3600

Medical Staff: For test information, specimen collection instructions, etc. see www.albertaprecisionlabs.ca Physicians may contact the Laboratory Information Centre (L.I.C.) 403-770-3600 for test results and related inquiries

FOR GENERAL CORRESPONDENCE: EMAIL molpath@cls.ab.ca

Specimen Requirements

Microsatellite Instability (MSI) and Loss of Heterozygosity (LOH) testing require the suspected cancer tissue to be paired with normal tissue (preferably from an independent block with no tumour present) or blood from the patient (blood must be sent in EDTA or Sodium Citrate ACD vacutainers, 2mL minimum). MSI analysis may be performed if no normal is available (LOH ANALYSIS WILL NOT BE PERFORMED WITHOUT NORMAL TISSUE FOR COMPARISON.)

Cancer Genomic Alteration testing requires an H&E stained slide, with the tumour rich area clearly indicated, sent with the block for testing in order to facilitate microdissection of the sample if required. An assessment of tumour cellularity is required. Enter the percentage (%) of malignant cells in the indicated region or for the entire specimen. Refer to page 1 of the requisition. To avoid delays in result reporting, the H&E slide should be representative of the block being submitted for testing.

T790M EGFR mutation test is performed on blood samples only. Samples must be collected at the Special Service Building (SSB) Outpatient Laboratory of the Foothills Hospital using Streck cfDNA blood collection tubes. Note that this test will not be performed on FFPE samples. All such requests will default to Lung Panel testing.

Human DNA Identity Testing for specimen misidentification, floater, contamination identification, etc. requires comparison specimens to evaluate genetic identity. Indicate on the requisition if the submitted block is the reference or the unknown block/specimen. If submitting blocks from two patients as possible sources of contaminant, each patient requires a separate or different requisition. Indicate on both requisitions the name of the other patient involved in the test.

Lung Fusion Panel testing will only be performed to confirm positive IHC result. Indicate under History/Diagnosis that IHC has been performed and was positive for either ALK, RET or ROS.

TEST REQUESTS FROM NON-APL LABORATORIES

Frozen, fresh, or other perishable specimens:

Please contact the Molecular Pathology Accessioning Desk directly by phone at 403-944-4542, fax at 403-944-4748 or email molpath@cls.ab.ca to arrange delivery of specimen.

Fixed (paraffin-embedded or fixed cytology):

Specimens must be sent to the Consult Desk, Alberta Precision Laboratories, 7th floor McCaig 1.

> Tower: c/o Consult Desk, APL AP/Cytology 7th floor, McCaig Tower 1403 - 29th Street NW Calgary, AB T2N 2T9

Phone: 403-944-4542 403-944-4748 Fax:

- All specimens must be accompanied by a fully completed Molecular Pathology requisition. 2.
- 3. Please note specimen requirements for the requested test (see above).
- Note: All inquiries for test results should be directed to the Laboratory Information Centre (L.I.C.) at 403-770-3600. 4.

DO NOT send specimens or requests to the Laboratory Director, Dr. Demetrick.