

*** REQUIRED INFORMATION**

PHYSICIAN TO ACT ON RESULTS:

* Last Name * Full First Name

* Office Address including city (Location Code) for Report Delivery

For test results & related inquires contact Laboratory Information Centre (LIC) at 403-770-3600

ADDITIONAL COPIES TO:

1) _____

 Last Name Full First Name

 Office Address including city (Location Code) for Report Delivery

2) _____

 Last Name Full First Name

 Office Address including city (Location Code) for Report Delivery

MOLECULAR PATHOLOGY REQUISITION			
SEE PAGE 2 FOR ADDITIONAL INFORMATION			
PROVINCE	*PERSONAL HEALTH NUMBER (PHN)	MEDICAL RECORD NUMBER	
*PATIENT LAST NAME		*FULL FIRST NAME	MIDDLE NAME
PATIENT ADDRESS		CITY, PROVINCE	POSTAL CODE
CHART NUMBER	GENDER	DATE OF BIRTH	PATIENT PHONE NUMBER
		____-____-____	____-____-____
		Y Y Y Y - M M - D D	
* DATE COLLECTED:		ACCESSION NUMBER	
____-____-____		(Molecular Pathology Lab Use Only)	
Y Y Y Y - M M - D D			
ACCESSION NUMBER (Lab Use Only)			

Surgical Pathology Number:	*Block chosen by: _____ CLS Site: _____
	* Blocks included? Yes <input type="checkbox"/> No <input type="checkbox"/> Consult <input type="checkbox"/> Block (s) No.: _____
	*H&E(s) included? Yes <input type="checkbox"/>
	*% viable neoplastic cells in indicated region: _____
	*% viable neoplastic cells in entire specimen: <input type="checkbox"/> _____
*Blood/BM <input type="checkbox"/> Fresh Frozen Tissue <input type="checkbox"/> Fluid <input type="checkbox"/> Flow Media Type: _____	**Liquid Biopsy (blood) <input type="checkbox"/> Tissue/Fluid Source: _____
*Blood/BM specimens should be submitted in EDTA or ACD tubes. **Liquid Biopsy in Streck tubes ONLY.	

*History/Diagnosis:

<p>Lymphocyte Receptor Gene Rearrangement/Translocation</p> <p><input type="checkbox"/> Immunoglobulin Heavy Chain</p> <p><input type="checkbox"/> T-Cell Receptor</p> <p><input type="checkbox"/> Bcl-1 t(11;14)</p> <p><input type="checkbox"/> Bcl-2 t(14;18)</p> <p><input type="checkbox"/> IgH Somatic Hypermutational Status</p>	<p>Cancer Genomic Alterations</p> <p>Mutation Analysis</p> <p><input type="checkbox"/> EGFR, BRAF, KRAS and PIK3CA (Lung Panel)</p> <p><input type="checkbox"/> T790M EGFR (Blood only)</p> <p><input type="checkbox"/> KRAS, NRAS, BRAF, EGFR and PIK3CA (Colon Panel)</p> <p><input type="checkbox"/> BRAF, NRAS, KRAS, HRAS, KIT, GNA11, GNAQ, PTEN, RAC, RPS27 and TERT (Melanoma/Thyroid Panel)</p> <p><input type="checkbox"/> IDH1, IDH2, H3.3, TERT and TP53 (CNS/Neuro Panel)</p> <p><input type="checkbox"/> CTNNB1, GNAS, KIT, PDGFRA, IDH1 and IDH2 (Sarcoma Panel)</p> <p>Translocation Analysis</p> <p><input type="checkbox"/> ALK, ROS and RET (Lung Fusion Panel, Only for confirmation of IHC)</p> <p>Microsatellite Analysis</p> <p><input type="checkbox"/> Microsatellite Instability</p> <p><input type="checkbox"/> 1p/19q Loss Of Heterozygosity (Oligodendroglioma)</p> <p>Epigenetics (Methylation)</p> <p><input type="checkbox"/> MGMT Promoter Methylation</p>
<p>Viral and Bacterial Pathogen Detection</p> <p><input type="checkbox"/> Cytomegalovirus</p> <p><input type="checkbox"/> Herpes Simplex Virus (HSV 1 & 2)</p> <p><input type="checkbox"/> Varicella Zoster Virus</p> <p><input type="checkbox"/> Epstein-Barr Virus</p> <p><input type="checkbox"/> Parvovirus B19</p> <p><input type="checkbox"/> <i>Mycobacterium</i> spp (MTB Complex)</p> <p><input type="checkbox"/> Human Polyomavirus (BK and JC)</p> <p><input type="checkbox"/> Human Papillomavirus (Low risk subtypes 6 and 11: High risk subtypes 16, 18, 31, 33, 35, 39, 45, 51, 52, 53, 56, 58,59, 66, 67, 68 and 73)</p>	<p>Human DNA Identity Testing</p> <p>Identity/Contamination Test</p>

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

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):

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

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

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

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

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