ALBERTA PRECISION LABORATORIES

Leaders in Laboratory Medicine

Laboratory Services
Client Response Centre 780.407.7484
Alberta Health Services, Edmonton and Area

Accession # *(lab only)*

Molecular Pathology Requisition (North)

For more information, please refer to Genetic Laboratory Services at http://ahsweb.ca/lab/if-lab-genetics-and-genomics

Patient

PHN	Alternate Identifier		Date of Birth *(yyyy-Mon-dd)*	
Last Name	First Name	Middle	Gender ☐M ☐F	Phone
Address	City/Town	Prov	Postal Code	Location

Requestor (s)

Requestor Name *(last, first)*	Copy to *(last, first)*	Copy to *(last, first)*
Location/Facility/Address	Location/Facility/Address	Location/Facility/Address
Phone	Phone	Phone
Healthcare Provider ID	Healthcare Provider ID	Healthcare Provider ID

Collection	Date *(yyyy-Mon-dd)*	Time *(24 hr)*	Location	Collector ID

Specimen Type *(Unopened dedicated tubes are required for Molecular Pathology testing)*

☐ Blood
☐ Bone marrow
☐ Paraffin embedded tissue (Block selection must be done by a pathologist)
Surgical # _____
Block(s) # _____

Clinical History

Lymphoproliferative Disorders

To be ordered in consultation with the pathologist.

☐ IgH gene rearrangement
☐ T cell receptor gene rearrangement
☐ MYC 8q24 by FISH
☐ CCND1 t(11;14) by FISH
☐ BCL2 by FISH
☐ BCL6 by FISH
☐ Other *(specify)*_____

Solid Tumors/Cancer Biomarkers

☐ EGFR / ALK for lung cancer
☐ BRAF / KRAS / NRAS panel
☐ BRAF
☐ KIT
☐ MLH1 promoter hypermethylation
☐ Microsatellite Instability
☐ KIT / PDGFRA for gastrointestinal stromal tumors
☐ 1p19q co-deletion by FISH for brain cancers
☐ EGFR amplification by FISH for brain cancers
☐ Prosigna for breast cancer
☐ Other *(specify)*_____

Myeloproliferative Neoplasms/Acute Leukemias

☐ t(9;22) BCR/ABL1
☐ t(15;17) PML/RARA
☐ t(8;21) RUNX1/RUNX1T1
☐ JAK2 V617F mutational analysis
☐ Calreticulin
☐ JAK2 exon 12 mutation
☐ KIT for AML
☐ KIT for mastocytosis
☐ MPL mutation
☐ FLT3 / NPM1 / CEBPA
☐ Other *(specify)*_____

Sarcomas

☐ Ewing Sarcoma by FISH
☐ Synovial Sarcoma by FISH

Miscellaneous

☐ Factor V Leiden mutation
☐ Prothrombin G20210A mutation
☐ Fibroblast culture

Test*(s)* Requested _____

Storage Only ☐ Yes ☐ No