



**NORTH
YORK
GENERAL**
*Making a World
of Difference*

**Molecular Genetics Laboratory
Hereditary Cancer Requisition**

4001 Leslie Street 3SE-186, Toronto, ON M2K1E1
Phone: (416) 756-6791 Fax: (416) 756-6197

www.nygh.on.ca/genetics/labs

Patient information/Place Stamp Here

*Patient Name: _____
(Last) (First)

*D.O.B.: _____
yyyy / mm / dd

*Sex: M / F

*Health Card#: _____

Address: _____

Postal code: _____ Phone: _____ (*required)

The DNA extracted from the patient's specimen (blood or tissues) will be destroyed one year after the test is reported. Some residual specimens may be used anonymously in the lab for test development or quality assurance purposes, unless waived by the patient. I wish to waive the usage of my specimen by the lab. Patient/designate signature _____, Date _____

Sample Information

Blood in EDTA (lavender) 7 cc

DNA 1 - 5 µg

Tissue source: _____

Other _____

Specimen Collection Centre: _____

Collection Date (yy/mm/dd): _____

Breast/Ovarian Cancer Tests

Comprehensive Breast AND Ovarian Cancer Panel (sequencing and deletion/duplication analysis of 18 genes)
(ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, EPCAM*, MLH1, MSH2, MSH6, PALB2, PMS2, PTEN, RAD51C, RAD51D, STK11 & TP53)
*deletion/duplication analysis only

PMS2 IHC result (if available): _____

Comprehensive Breast Cancer Panel (sequencing and deletion/duplication analysis of 11 genes)
(ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, PALB2, PTEN, STK11 and TP53)

BRCA1 and BRCA2 sequencing and deletion/duplication analysis

Ashkenazi Jewish Founder Panel (sequencing analysis of BRCA1 c.68_69delAG, c.5266dupC and BRCA2 c.5946delT)

Familial analysis; Gene: _____ Variant: _____ (please attach a report)

Variant interpretation update; Gene: _____ Variant: _____ (please attach a report)

Is expedited testing required? Yes No

Patient/Family Information

Has this individual had cancer? No Yes - Specify type: _____

Ethnic background: _____

Have samples from this patient or family been sent to this DNA lab before? No Yes

If Yes, Name: _____ Relationship to your patient: _____

NYGH Lab ID # (if available): _____

Genetic Risk Information

Using disease specific risk categories listed on back of requisition, circle all categories that apply to your patient. A pedigree is required.

Risk category: 1 2 3 4 5 6 7 8 9 10 11 12 13

Report to: (Physician Information)

Name _____ Phone (____) _____ Fax (____) _____

Address _____ City _____ Province/Postal Code _____

Signature _____

Genetic counsellor:

Name: _____

Phone (____) _____

Fax (____) _____

NYGH LAB USE ONLY

Ped #: _____ Lab label: _____

Date received: _____

RISK CATEGORIES FOR INDIVIDUALS ELIGIBLE FOR SCREENING FOR A GENETIC SUSCEPTIBILITY TO BREAST AND/OR OVARIAN CANCERS

Testing for Affected Individuals with Breast or Ovarian Cancer

At least one case of cancer:

1. Ashkenazi Jewish and breast cancer <50 years, or ovarian cancer at any age. *Note: testing limited to ethnic specific mutations, unless other criteria given in this list are met.*
2. Breast cancer <35 years of age.
3. Male breast cancer.
4. Invasive serous ovarian cancer at any age.

At least 2 cases of cancer on the same side of the family:

5. Breast cancer <60 years, and a first or second-degree relative with ovarian cancer or male breast cancer.
6. Breast and ovarian cancer in the same individual, or bilateral breast cancer with the first case <50 years.
7. Two cases of breast cancer, both <50 years, in first or second-degree relatives.
8. Two cases of ovarian cancer, any age, in first or second-degree relatives.
9. Ashkenazi Jewish and breast cancer at any age, and any family history of breast or ovarian cancer.
Note: testing limited to ethnic specific mutations, unless other criteria given in this list are met.

At least 3 cases of cancer on the same side of the family:

10. Three or more cases of breast or ovarian cancer at any age.

Testing for Unaffected Individuals (this should be done only if affected individuals are unavailable, e.g. deceased)

11. Relative of individual with known BRCA1 or BRCA2 mutation.
Note: specific family mutation only tested
12. Ashkenazi Jewish and first or second-degree relative of individual with:
Breast cancer <50 years, or ovarian cancer at any age, or male breast cancer, or breast cancer at any age, with positive family history of breast or ovarian cancer
Note: testing limited to ethnic specific mutations, unless meet other criteria
13. A pedigree strongly suggestive of hereditary breast/ovarian cancer, i.e. risk of carrying a pathogenic variant for the individual being tested is >10%.

Sample Requirements

Requisition

Complete this Requisition completely including:

- Patient information: patient's name, date of birth, gender, address and Ontario Health Card number
- Specimen information: specimen type, sample collection centre and date of collection
- Test(s) requested
- Patient/Family information
- Genetic risk information
- Referring physician name, address, phone and fax numbers, and signature
- Any other relevant information

Sample Requirements

- Minimum quantity of sample required is indicated on the requisition.
- Label specimen containers with the individual's first and last names and date of birth.
- If the patient has had a blood transfusion, a minimum of 3 weeks between the time of transfusion and blood collection for molecular testing is required.

Please note:

- ***Specimens received for testing in the incorrect anti-coagulant will be rejected.***
- ***Blood specimens from patients who have had a blood transfusion will be accepted three weeks post-transfusion.***
- ***Blood specimens from patients who have had an allogenic transplant (bone marrow or stem cell) will not be accepted.***

Shipping Instructions

- Ship specimens at **room temperature** by overnight courier such that the specimen arrives in the Laboratory Monday to Friday
- Samples should be shipped as soon as possible after collection
- Specimens held for a few days prior to shipping should be maintained at 4°C
- When shipping specimens, follow the regulations of the Transportation of Dangerous Goods Act (1992, C.34)