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

***Patient Name**: _____
(Last) (First)

***D.O.B.**: _____ ***Sex**: M / F
yyyy / mm / dd

***Health Card #**: _____

Address: _____

Postal Code: _____ (*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: _____
☐ Saliva (Oragene collection only)
☐ Skin biopsy 2-3 punch biopsies, diameter 0.3 cm
☐ Skin tissue culture 2 x T25 flasks

Specimen Collection Centre:

_____

Collection Date (yyyy/mm/dd):

_____

Patient Information

Does this individual have cancer and/or other symptoms? ☐ No ☐ Yes

If yes, specify type: _____

Ethnic background: _____

Test Requested

Is expedited testing required? ☐ **No** ☐ **Yes:** Reason: _____

☐ **Hereditary Cancer Testing Common Gene Panels and Small Gene Panels/Single Gene Syndromes** (please select on pages 2-3)

IHC result (please specify if applicable): _____

☐ **Mutation analysis**: Gene: _____ Variant: _____(please attach a report)

☐ Familial finding Family member's name: _____ NYGH Lab #: _____

Relationship to this patient: _____

☐ Tumour finding

☐ **Variant interpretation update**: Gene: _____ Variant: _____
(please attach a copy of the original NYGH report)

Report to: (Physician Information)

Name _____

Address _____

City _____ Province/Postal Code _____

Phone (____)_____ Fax (____)_____

Signature _____

Genetic counsellor:

Name: _____

Phone (____) _____

Fax (____) _____

E-mail: _____

NYGH LAB USE ONLY

PED #: _____ **LAB LABEL:** **DATE REC'D:**

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Patient name: _____

D.O.B.: _____

Hereditary Cancer Testing Common Gene Panels (sequencing and deletion/duplication) *deletion/duplication analysis only

	Panels	# Genes	Gene(s)
☐	Hereditary Breast/Ovarian/Prostate Cancer LAB CODE: HBOPC	19	ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, EPCAM*, HOXB13 (G84E), MLH1, MSH2, MSH6, PALB2, PMS2, PTEN, RAD51C, RAD51D, STK11, TP53
☐	Hereditary GI (Lynch syndrome, Gastric, Pancreas, Polyposis) Cancer LAB CODE: HGICA	31	APC, ATM, BMPR1A, BRCA1, BRCA2, CDH1, CDKN2A, CHEK2, CTNNA1, EPCAM*, GALNT12, GREM1, MLH1, MLH3, MSH2, MSH3, MSH6, MUTYH, NTHL1, PALB2, PMS2, POLD1, POLE, PTEN, RNF43, RPS20, SDHB, SDHD, SMAD4, STK11, TP53
☐	Hereditary Breast/Ovarian/Prostate/GI Cancer LAB CODE: HBOPGIC	36	APC, ATM, BARD1, BMPR1A, BRCA1, BRCA2, BRIP1, CDH1, CDKN2A, CHEK2, CTNNA1, EPCAM*, GALNT12, GREM1, HOXB13 (G84E), MLH1, MLH3, MSH2, MSH3, MSH6, MUTYH, NTHL1, PALB2, PMS2, POLD1, POLE, PTEN, RAD51C, RAD51D, RNF43, RPS20, SDHB, SDHD, SMAD4, STK11, TP53
☐	Hereditary Endometrial Cancer LAB CODE: HENDOCA	10	BRCA1, BRCA2, EPCAM*, MLH1, MSH2, MSH6, PMS2, POLD1, POLE, PTEN
☐	Lynch Syndrome LAB CODE: LYNCH	5	EPCAM*, MLH1, MSH2, MSH6, PMS2
☐	Gastric Cancer LAB CODE: GASTCA	17	APC, ATM, BRCA1, BRCA2, CDH1, CTNNA1, EPCAM*, MLH1, MSH2, MSH6, PALB2, PMS2, SDHB, SDHD, SMAD4, STK11, TP53
☐	Pancreatic Adenocarcinoma LAB CODE: PANCA	12	ATM, BRCA1, BRCA2, CDKN2A, EPCAM*, MLH1, MSH2, MSH6, PALB2, PMS2, STK11, TP53
☐	Polyposis LAB CODE: FP	18	APC, BMPR1A, EPCAM*, GREM1, MLH1, MLH3, MSH2, MSH3, MSH6, MUTYH, NTHL1, PMS2, POLD1, POLE, PTEN, SMAD4, STK11, TP53
☐	Familial Gastrointestinal Stromal Tumour LAB CODE: GISCA	7	KIT, PDGFRA, SDHA, SDHAF2, SDHB, SDHC, SDHD
☐	Familial Melanoma LAB CODE: MELAN	7	BAP1, BRCA2, CDK4, CDKN2A, MITF (E318K), POT1, PTEN
☐	Familial Renal Cancer LAB CODE: RENCA	15	BAP1, FH, FLCN, MET, MITF (E318K), PTEN, SDHA, SDHAF2, SDHB, SDHC, SDHD, TP53, TSC1, TSC2, VHL
☐	Hereditary Pheochromocytoma and Paraganglioma LAB CODE: PGL	12	FH, MAX, MEN1, NF1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, TMEM127, VHL
☐	CNS Tumour LAB CODE: CNSC	20	APC, EPCAM*, LZTR1, MLH1, MSH2, MSH6, NF1, NF2, PMS2, POLE, POT1, PTCH1, PTEN, SMARCB1, SMARCE1, SUFU, TP53, TSC1, TSC2, VHL
☐	Soft Tissue Sarcoma LAB CODE: SFTTISCA	12	APC, ATM, BRCA1, BRCA2, CHEK2, EPCAM*, MLH1, MSH2, MSH6, NF1, PMS2, TP53
☐	Comprehensive Cancer Panel LAB CODE: COMPCA	76	AIP, APC, ATM, AXIN2, BAP1, BARD1, BMPR1A, BRCA1, BRCA2, BRIP1, CDC73, CDH1, CDK4, CDKN1B, CDKN2A, CHEK2, CTNNA1, DICER1, EGFR (T790M, V834I, V769M), EGLN1, EPCAM*, EXT1, EXT2, FH, FLCN, GALNT12, GREM1, HOXB13 (G84E), KIT, LZTR1, MAX, MEN1, MET, MITF (E318K), MLH1, MLH3, MSH2, MSH3, MSH6, MUTYH, NBN, NF1, NF2, NTHL1, PALB2, PDGFRA, PMS2, POLD1, POLE, POT1, PRKAR1A, PTCH1, PTEN, RAD51C, RAD51D, RB1, RECQL, RET, RNF43, RPS20, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, SMARCB1, SMARCE1, STK11, SUFU, TMEM127, TP53, TSC1, TSC2, VHL

NYGH LAB LABEL:

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D.O.B.: _____

Small Panels and Single Gene Syndromes

	Panels	# Genes	Gene(s)	
☐	Ashkenazi Jewish Panel LAB CODE: AJF	7	APC (c.3920T>A), BRCA1 (c.68_69del; c.5266dup), BRCA2 (c.5946del), CHEK2 (c.1283C>T), GREM1 (40 kb upstream dup), MSH2 (c.1906G>C), MSH6 (c.3959_3962del; c.3984_3987dup)	
☐	AXIN2-related Attenuated Familial Adenomatous Polyposis LAB CODE: AXIN2FAP	1	AXIN2	
☐	BAP1 Tumour Predisposition Syndrome LAB CODE: BAP1TP	1	BAP1	
☐	Birt-Hogg-Dube Syndrome LAB CODE: BHD	1	FLCN	
☐	Carney Complex LAB CODE: CARNEY	1	PRKAR1A	
☐	Familial Adenomatous Polyposis (consider ordering with MUTYH) LAB CODE: FAP	1 or 2	APC	☐ Add MUTYH
☐	DICER-associated Syndrome LAB CODE: DICER	1	DICER1	
☐	Dysplastic Nevus Syndrome LAB CODE: DNS	2	CDK4, CDKN2A	
☐	Familial Isolated Pituitary Adenoma LAB CODE: FIPA	1	AIP	
☐	Hereditary Hyperparathyroidism LAB CODE: HHPT	2	CDC73, MEN1	
☐	Hereditary Leiomyomatosis and Renal Cell Cancer LAB CODE: LEIOM	1	FH	
☐	Hereditary Lung Cancer LAB CODE: HLCA	1	EGFR: T790M; V834I; V769M	
☐	Li-Fraumeni Syndrome LAB CODE: LIFRAU	1	TP53	
☐	MEN1 Syndrome LAB CODE: MEN1	2	CDKN1B, MEN1	
☐	Multiple Endocrine Neoplasia Type 2 LAB CODE: MEN2	1	RET	
☐	Neurofibromatosis Type 1 LAB CODE: NF1	1	NF1	
☐	Gorlin Syndrome (Nevoid Basal Cell Carcinoma Syndrome) LAB CODE: GORL	2	PTCH1, SUFU	
☐	Nijmegen Breakage Syndrome LAB CODE: NBS	1	NBN	
☐	Peutz-Jeghers Syndrome LAB CODE: PEUTZ	1	STK11	
☐	PTEN Hamartoma Tumour Syndrome LAB CODE: PHTS	1	PTEN	
☐	Rare Polyposis Genes LAB CODE: RPOLYP	2	GALNT12, RPS20	
☐	Retinoblastoma LAB CODE: RB	1	RB1	
☐	Rhabdoid Predisposition Syndrome LAB CODE: RTPS	2	SMARCA4, SMARCB1	
☐	Schwannomatosis LAB CODE: SHWAN	3	LZTR1, NF2, SMARCB1	
☐	Sessile Serrated Polyposis Cancer Syndrome LAB CODE: SSPCS	1	RNF43	
☐	Small Cell Carcinoma of the Ovary, Hypercalcemic Type LAB CODE: SCCOHT	1	SMARCA4	
☐	Tuberous Sclerosis LAB CODE: TS	2	TSC1, TSC2	
☐	Von Hippel-Lindau Syndrome LAB CODE: VHL	1	VHL	

NYGH LAB LABEL:

Sample Requirements

Requisition

Complete this Requisition completely including:

- Patient information: patient's name, date of birth, sex, address and Ontario Health Card number
- Specimen information: specimen type, sample collection centre and date of collection
- Patient/Family information
- Test(s) requested
- Referring physician name, address, phone and fax numbers, and signature
- Genetic counsellor name and contact information
- 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.
- Skin biopsy tissue should be collected in sterile saline buffer.

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. In this case, skin biopsy tissue is the preferred sample type.***

Shipping Instructions

- Ship specimens at **room temperature** by overnight courier such that the specimen arrives in the Laboratory Monday to Friday between 8:30 and 4:30
- Samples should be shipped as soon as possible after collection
- Specimens held for a few days prior to shipping should be maintained at 4ºC
- When shipping specimens, follow the regulations of the Transportation of Dangerous Goods Act (1992, C.34)