NORTH YORK GENERAL

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)

Date of Birth: _____
yyyy / mm / dd

Sex at birth: ☐ **Male** ☐ **Female** ☐ **Intersex**

Gender (if different from above): _____

Health Card #: _____

Address: _____

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 _____

Specimen Information

☐ Blood in EDTA (lavender) 7 cc
☐ DNA 1 - 2 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 Type: _____

IHC result (please specify if applicable): _____ Ethnic background: _____

Test Requested

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

☐ **Mutation analysis** (please attach report(s)): ☐ **Familial finding** ☐ **Tumour finding**

Family member's name: _____ Gene: _____ Variant: _____
Relationship to this patient: _____ Gene: _____ Variant: _____
NYGH Lab #: _____

☐ **Variant interpretation update** (please attach NYGH report): Gene: _____ Variant: _____
Gene: _____ Variant: _____

☐ **Hereditary Cancer Testing Common Gene Panels and Small Gene Panels/Single Gene Syndromes**
Select Test Codes below (refer to pages 2-3 for Test Codes and panel details)

☐ HBOPC (19)	☐ GIST (7)	☐ AJF (7)	☐ DNS (2)	☐ MEN2 (1)	☐ RB (1)
☐ HGICA (31)	☐ MELAN (7)	☐ AXIN2FAP (1)	☐ FIPA (1)	☐ NF1 (1)	☐ RTPS (2)
☐ HBOPGIC (36)	☐ RENCA (15)	☐ BAP1TP (1)	☐ HHPT (2)	☐ GORL (2)	☐ SHWAN (3)
☐ HENDOCA (10)	☐ PGL (12)	☐ BHD (1)	☐ LEIOM (1)	☐ NBS (1)	☐ SSPCS (1)
☐ LYNCH (5)	☐ CNSC (20)	☐ CARNEY (1)	☐ HLCA (1)	☐ PEUTZ (1)	☐ SCCOHT (1)
☐ GASTCA (17)	☐ SFTTISCA (12)	☐ FAP (1)	☐ LIFRAU (1)	☐ PHTS (1)	☐ TS (2)
☐ PANCA (12)	☐ COMPCA (76)	☐ FAP (2)	☐ MEN1 (2)	☐ RPOLYP (2)	☐ VHL (1)
☐ FP (18)		☐ DICER (1)			

Referring Physician

Name _____
Address _____
City _____ Province/Postal Code _____
Phone _____ Fax _____
Signature _____

Genetic counsellor

Name: _____
Phone _____
Fax _____
E-mail: _____

NYGH LAB USE ONLY

PED #: _____ **LAB LABEL:** **REQ CHECK:** _____

Hereditary Cancer Testing Common Gene Panels
Sequencing and deletion/duplication analysis
*deletion/duplication analysis only

Test Code	Panel	# Genes	Gene(s)
HBOPC	Hereditary Breast/Ovarian/Prostate Cancer	19	ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, EPCAM*, HOXB13 (G84E), MLH1, MSH2, MSH6, PALB2, PMS2, PTEN, RAD51C, RAD51D, STK11, TP53
HGICA	Hereditary GI (Lynch syndrome, Gastric, Pancreas, Polyposis) Cancer	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
HBOPGIC	Hereditary Breast/Ovarian/Prostate/GI Cancer	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
HENDOCA	Hereditary Endometrial Cancer	10	BRCA1, BRCA2, EPCAM*, MLH1, MSH2, MSH6, PMS2, POLD1, POLE, PTEN
LYNCH	Lynch Syndrome	5	EPCAM*, MLH1, MSH2, MSH6, PMS2
GASTCA	Gastric Cancer	17	APC, ATM, BRCA1, BRCA2, CDH1, CTNNA1, EPCAM*, MLH1, MSH2, MSH6, PALB2, PMS2, SDHB, SDHD, SMAD4, STK11, TP53
PANCA	Pancreatic Adenocarcinoma	12	ATM, BRCA1, BRCA2, CDKN2A, EPCAM*, MLH1, MSH2, MSH6, PALB2, PMS2, STK11, TP53
FP	Polyposis	18	APC, BMPR1A, EPCAM*, GREM1, MLH1, MLH3, MSH2, MSH3, MSH6, MUTYH, NTHL1, PMS2, POLD1, POLE, PTEN, SMAD4, STK11, TP53
GIST	Familial Gastrointestinal Stromal Tumour	7	KIT, PDGFRA, SDHA, SDHAF2, SDHB, SDHC, SDHD
MELAN	Familial Melanoma	7	BAP1, BRCA2, CDK4, CDKN2A, MITF (E318K), POT1, PTEN
RENCA	Familial Renal Cancer	15	BAP1, FH, FLCN, MET, MITF (E318K), PTEN, SDHA, SDHAF2, SDHB, SDHC, SDHD, TP53, TSC1, TSC2, VHL
PGL	Hereditary Pheochromocytoma and Paraganglioma	12	FH, MAX, MEN1, NF1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, TMEM127, VHL
CNSC	CNS Tumour	20	APC, EPCAM*, LZTR1, MLH1, MSH2, MSH6, NF1, NF2, PMS2, POLE, POT1, PTCH1, PTEN, SMARCB1, SMARCE1, SUFU, TP53, TSC1, TSC2, VHL
SFTTISCA	Soft Tissue Sarcoma	12	APC, ATM, BRCA1, BRCA2, CHEK2, EPCAM*, MLH1, MSH2, MSH6, NF1, PMS2, TP53
COMPCA	Comprehensive Cancer Panel	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

Small Panels and Single Gene Syndromes				
Test Code	**Panel**	**# Genes**	**Gene(s)**	
AJF	Ashkenazi Jewish Panel	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)	
AXIN2FAP	AXIN2-related Attenuated Familial Adenomatous Polyposis	1	AXIN2	
BAP1TP	BAP1 Tumour Predisposition Syndrome	1	BAP1	
BHD	Birt-Hogg-Dube Syndrome	1	FLCN	
CARNEY	Carney Complex	1	PRKAR1A	
FAP (1) or (2)	Familial Adenomatous Polyposis (consider ordering with MUTYH	1 or 2	APC	☐ Add MUTYH
DICER	DICER-associated Syndrome	1	DICER1	
DNS	Dysplastic Nevus Syndrome	2	CDK4, CDKN2A	
FIPA	Familial Isolated Pituitary Adenoma	1	AIP	
HHPT	Hereditary Hyperparathyroidism	2	CDC73, MEN1	
LEIOM	Hereditary Leiomyomatosis and Renal Cell Cancer	1	FH	
HLCA	Hereditary Lung Cancer	1	EGFR: T790M; V834L; V769M	
LIFRAU	Li-Fraumeni Syndrome	1	TP53	
MEN1	MEN1 Syndrome	2	CDKN1B, MEN1	
MEN2	Multiple Endocrine Neoplasia Type 2	1	RET	
NF1	Neurofibromatosis Type 1	1	NF1	
GORL	Gorlin Syndrome (Nevoid Basal Cell Carcinoma Syndrome)	2	PTCH1, SUFU	
NBS	Nijmegen Breakage Syndrome	1	NBN	
PEUTZ	Peutz-Jeghers Syndrome	1	STK11	
PHTS	PTEN Hamartoma Tumour Syndrome	1	PTEN	
RPOLYP	Rare Polyposis Genes	2	GALNT12, RPS20	
RB	Retinoblastoma	1	RB1	
RTPS	Rhabdoid Predisposition Syndrome	2	SMARCA4, SMARCB1	
SHWAN	Schwannomatosis	3	LZTR1, NF2, SMARCB1	
SSPCS	Sessile Serrated Polyposis Cancer Syndrome	1	RNF43	
SCCOHT	Small Cell Carcinoma of the Ovary, Hypercalcemic Type	1	SMARCA4	
TS	Tuberous Sclerosis	2	TSC1, TSC2	
VHL	Von Hippel-Lindau Syndrome	1	VHL	

Requirements

NYGH Genetics Laboratories Terms & Conditions can be found on our website at https://www.nygh.on.ca/areas-care/genetics/genetics-forms-and-additional-information.
These Terms & Conditions must be reviewed prior to placing an order.

Requisition

Complete this Requisition completely including:

- Patient information: patient's name, date of birth, sex at birth, gender (if different from sex) and Ontario Health Card number
- Specimen information: specimen type, sample collection centre and date of collection
- Patient 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)