Trillium Health Partners

MOLECULAR GENETICS HEREDITARY CANCER TESTING REQUISITION

GENETICS LABORATORY – Credit Valley Hospital
2200 Eglinton Ave. W., Rm 2H144 *Tel: (905) 813-1100 x6288*
Mississauga, ON L5M 2N1 *Fax: (905) 813-3854*

Account Number:_____ Unit Number:_____

Patient Name (Surname First):_____

Date of Birth (dd/mm/yyyy):_____

Sex:_____ Healthcard Number:_____

Address/City/Postal Code:

Version: ☐ WCB ☐ SELF-PAY

Complete in full to avoid delay in reporting result

REFERRING PHYSICIAN

Name:_____

CPSO Number:_____

Address:_____

Phone:_____

Fax:_____

Signature (required):_____

COPIES TO

Name:_____

CPSO Number:_____

Address:_____

Phone:_____

Fax:_____

SPECIMEN INFORMATION

☐ Blood (EDTA lavender top, 5-10 mL)

☐ Extracted DNA (Lab Number_____)

Collection Date:_____

Collection Time:_____

PATIENT DETAILS **Please attach family pedigree to requisition**

Patient Ethnicity:_____

☐ Patient within last 30 days has had a blood transfusion

☐ Patient is a BMT recipient

☐ Patient is currently pregnant

☐ Patient has a known hematological disorder (specify):

_____

TESTING STATUS ~Only cases requiring immediate medical management will be expedited~

☐ ROUTINE

☐ EXPEDITED Reason:_____ Date of Procedure:_____

TESTING REQUIRED

☐ Hereditary Cancer Panel - Complete page 2

☐ Targeted Variant Testing (Carrier Testing / Known Familial Mutation) - complete table below

Gene: Variant: Reference Sequence: NM	Index Case (Name & MRN / Date of Birth): Relationship to this Patient:
Gene: Variant: Reference Sequence: NM	THP Report Number: If index case testing was performed elsewhere, please attach a copy of the original result (all pages).

THP LAB USE ONLY

Date Received:_____

Time Received:_____

Specimen Received:_____

Comments:_____

RQ #:_____

THP SPECIMEN LABEL

Trillium Health Partners

HEREDITARY CANCER PANEL TESTING

Account Number:_____ Unit Number:_____

Patient Name (Surname First):_____

Date of Birth (dd/mm/yyyy):_____

Sex:_____ Healthcard Number: _____

*Select the panel(s) and provide the corresponding MOH criteria code. See www.cancercareontario.ca for current criteria.

Gene Panel Name [# genes]:	*MOH Risk Category #	Test Code:	Genes:
☐Ashkenazi Jewish HBOC Panel [7]		AJBR1	*APC* I1307K, *BRCA1* (185delAG or 187delAG), *BRCA1* (5382insC or 5385insC), *BRCA2* (617delT), *CHEK2* 1283C>T, *GREM1* 40 kb dup, *MSH2* A636P, *MSH6* c.3984_3987dupGTCA, *MSH*6 c.3959_3962del*CCAG*.
☐ Hereditary Breast/ Ovarian/ Prostate Cancer [19]		HBOP1	*ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, EPCAM, HOXB13, MLH1, MSH2, MSH6, PALB2, PMS2, PTEN, RAD51C, RAD51D, STK11, TP53*
☐ Hereditary Endometrial Cancer [10]		HEEN1	*BRCA1, BRCA2, EPCAM, MLH1, MSH2, MSH6, PMS2, POLD1, POLE, PTEN*
☐ Hereditary Gastrointestinal Cancer (Lynch Syndrome, Gastric, Pancreas, Polyposis) [31]		HEGNI1	*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*
☐ Lynch Syndrome (5)		LYNS1	*EPCAM, MLH1, MSH2, MSH6, PMS2*
☐ Hereditary Gastric Cancer [17]		GAST1	*APC, ATM, BRCA1, BRCA2, CDH1, CTNNA1, EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2, SDHB, SDHD, SMAD4, STK11, TP53*
☐ Hereditary Pancreatic Cancer (Adenocarcinoma) [12]		PANC1	*ATM, BRCA1, BRCA2, CDKN2A, EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2, STK11, TP53*
☐Hereditary Polyposis [21]		POLY1	*APC, BMPR1A, EPCAM, GALNT12, GREM1, MLH1, MLH3, MSH2, MSH3, MSH6, MUTYH, NTHL1, PMS2, POLD1, POLE, PTEN, RNF43, RPS20, SMAD4, STK11, TP53*
☐ Familial Gastrointestinal Stromal Tumour [7]		FGS1	*KIT, PDGFRA, SDHA, SDHAF2, SDHB, SDHC, SDHD*
☐ Familial Melanoma [7]		FAME1	*BAP1, BRCA2, CDK4, CDKN2A, MITF, POT1, PTEN*
☐ Familial Renal Cancer [15]		FARE1	*BAP1, FH, FLCN, MET, MITF, PTEN, SDHA, SDHAF2, SDHB, SDHC, SDHD, TP53, TSC1, TSC2, VHL*
☐ Hereditary Pheochromocytoma & Paraganglioma [12]		HPP1	*FH, MAX, MEN1, NF1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, TMEM127, VHL*
☐ Hereditary Central Nervous System Tumour [20]		CENS1	*APC, EPCAM, LZTR1, MLH1, MSH2, MSH6, NF1, NF2, PMS2, POLE, POT1, PTCH1, PTEN, SMARCB1, SMARCE1, SUFU, TP53, TSC1, TSC2, VHL*
☐ Hereditary Soft Tissue Tumour [12]		SOTI1	*APC, ATM, BRCA1, BRCA2, CHEK2, EPCAM, MLH1, MSH2, MSH6, NF1, PMS2, TP53*
Gene panels include both sequencing and deletion/duplication analysis with the exception of GREM1 and EPCAM which are analyzed for large deletion/duplications only.			

SINGLE GENE SYNDROMES or SMALL GENE PANELS

Syndrome:	Test Code:	Associated Genes:
☐ *AXIN2*-related Attenuated Familial Adenomatous Polyposis	AFAP1	*AXIN2*
☐ *BAP1* Tumour Predisposition Syndrome	BTPS1	*BAP1*
☐ Birt-Hogg-Dube Syndrome	BHDU1	*FLCN*
☐ Carney Complex	CACO1	*PRKAR1A*
☐ Familial Adenomatous Polyposis *(name changed from: CHRPE, CMV Thyroid, Desmoid)*	CTDA1	*APC*
☐ Familial Adenomatous Polyposis with MUTYH *(name changed from CHRPE, CMV Thyroid, Desmoid)*	TDAM1	*APC, MUTYH*
☐ DICER-associated Syndrome	DIAS1	*DICER1*
☐ Dysplastic Nevus Syndrome	DYNS1	*CDK4, CDKN2A*
☐ Familial Isolated Pituitary Adenoma	FIPA1	*AIP*
☐ Hereditary Hyperparathyroidism	HEHY1	*CDC73, MEN1*
☐ Hereditary Leiomyomatosis and Renal Cell Cancer	HLRC1	*FH*
☐ Hereditary Lung Cancer	HELC1	*EGFR (T790M; V834I; V769M)*
☐ Li-Fraumeni Syndrome	LIFS1	*TP53*
☐ MEN1 Syndrome	MENS1	*MEN1, CDKN1B*
☐ Multiple Endocrine Neoplasia Type 2	ENEO1	*RET*
☐ Neurofibromatosis, type 1	NUEF1	*NF1*
☐ Nevoid Basal Cell Carcinoma Syndrome / Gorlin Syndrome	NBCC1	*PTCH1, SUFU*
☐ Nijmegen Breakage Syndrome	NIBS1	*NBN*
☐ Peutz-Jeghers Syndrome	PEJS1	*STK11*
☐ *PTEN* Hamartoma Tumour Syndrome	PHTS1	*PTEN*
☐ Rare Polyposis Genes	RAPG1	*GALNT12, RPS20*
☐ Retinoblastoma	RETB1	*RB1*
☐ Rhabdoid Predisposition Syndrome	RHPS1	*SMARCA4, SMARCB1*
☐ Schwannomatosis	SCHW1	*NF2, LZTR1, SMARCB1*
☐ Sessile Serrated Polyposis Cancer Syndrome	SSPC1	*RNF43*
☐ Small Cell Carcinoma of the Ovary, Hypercalcemic Type (SCCOHT)	SSCO1	*SMARCA4*
☐ Tuberous Sclerosis	TUBS1	*TSC1, TSC2*
☐ Von Hippel-Lindau Syndrome	VHLS1	*VHL*
Single gene and small gene panels include both sequencing and deletion/duplication analysis.		