



Eastern
Health

**MEDICAL GENETICS LABORATORY
TEST REQUISITION - SOLID TUMOUR**



Craig Dobbin Genetics Research Centre, Suite 3M500

Laboratory Medicine 300 Prince Philip Drive, St. John's, NL, CA, A1B 3V6 Telephone: 777-4175 Fax: 777-4792

| | | | |
|--|--|---------------------------------------|--|
| Patient Information | | Referring Physician | |
| Name: _____ Last _____ First _____ | | Name: _____ Last _____ First _____ | |
| HCN: _____ | | Address: _____ | |
| Date of Birth: _____ DD/MONTH/YYYY | | City: _____ Province: _____ | |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | Phone: _____ Fax: _____ | |
| Address: _____ | | Signature: _____ | |
| City: _____ Province: _____ | | Copy to: _____ | |

Test Menu

- ARVC5 | *TMEM43* c.1073C>T
- BRCA1* c.2071delA
- Gastric Cancer | *CDH1* c.2398delC
- MAP | *MUTYH* p.Y165C; p.G382D
- MEN1 Burin | *MEN1* p.R465X

- DNA extraction
- DNA banking
- DNA send-out
- Other: _____

External Reference Facility (ERF) - ERF Requisition **MUST** be attached in order for specimen to be processed

Test: ERF Facility: _____

Clinical Indication

Specimen Information

Hospital: _____ Date of Procedure: _____ DD/MONTH/YYYY
Specimen Number (SU#): _____ Specimen Source: _____

Specimen(s) Required

- Slides – Normal Tissue Tumour Tissue *Percentage of tumour cells required?* Yes No
 - Submit an H&E reference slide
 - For somatic studies, tumour area and estimated tumour cellularity **MUST** be indicated
 - Submit **FIVE** x 10-micron adjacent sections on unheated, uncharged, and unstained slides per tissue type
- Block(s) - Normal Tissue Tumour Tissue
- Other – please refer to accompanying specimen requirement sheet for specific details – **REQUIRED!**

Pathology Laboratory Use Only

ALL specimens must be labelled with a minimum of **TWO** identifiers

| | |
|---|---|
| Number of slides/blocks submitted: _____ | Percentage of tumour cells (<i>if required</i>): _____ |
| Tumour tissue submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No | Normal tissue submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pathologist's Name: _____ | Signature: _____ |
| Date: _____ DD/MONTH/YYYY | |

Please send this form, all accompanying documents and specimens to the Medical Genetics Laboratory

Medical Genetics Laboratory Use Only

| | |
|--|------------------------------------|
| Specimen Number: _____ | Date Received: _____ DD/MONTH/YYYY |
| Number of blocks or slides received: _____ | Received by: _____ |
| Name: _____ | Signature: _____ |