

# CANCER GENETICS AND GENOMICS LABORATORY

## SOLID TUMOUR TESTING - CYTOGENETICS



**BC CANCER**  
 DEPT. OF PATHOLOGY AND LABORATORY MEDICINE  
 ROOM 3307 - 600 WEST 10TH AVENUE  
 VANCOUVER BC V5Z-4E6

604-877-6000 EXT 67-2094  
 FAX: 604-877-6294  
 MON-FRI 8:30AM-4:30PM  
 WWW.CANCERGENETICSLAB.CA  
 INFO@CANCERGENETICSLAB.CA

ADDRESSOGRAPH OR PATIENT LABEL

See website for Myeloid, Lymphoid, Solid Tumor and Hereditary Cancer information and requisitions

PATIENT INFORMATION				REQUESTING PHYSICIAN (PLEASE SIGN BELOW)	
Last Name		First and Middle Names		Name	MSC
Date of Birth dd/mmm/yyyy	Gender <input type="checkbox"/> M <input type="checkbox"/> X <input type="checkbox"/> F	PHN	BC Cancer ID#	Phone	Fax

SPECIMEN			COPY PHYSICIANS (ALL INFORMATION IS NECESSARY)	
Specimen Type <input type="checkbox"/> FFPE Block <input type="checkbox"/> FFPE Slides <input type="checkbox"/> CGL Specimen <input type="checkbox"/> Other _____	Originating Hospital	Collection Date dd/mmm/yyyy	Address	
	Referring Lab/Hospital Sample ID	Tissue Type	Name	MSC
	Tumour Content (%)	Specimen Cellularity (%)	Address	

REASON FOR TESTING / DIAGNOSIS / CLINICAL HISTORY (REQUIRED FOR TEST TO PROCEED)	Name	MSC
	Address	
	Name	MSC
	Address	

INDICATION	FISH PROBE	INDICATION	FISH PROBE
Alveolar Soft Part Sarcoma	<input type="checkbox"/> <i>TFE3</i> (Xp11.23)	Low Grade Fibromyxoid Sarcoma	<input type="checkbox"/> <i>CREB3L2</i> (7q33) <input type="checkbox"/> <i>FUS</i> (16p11.2)
Aneurysmal Bone Cyst / Nodular Fasciitis	<input type="checkbox"/> <i>USP6</i> (17p13)	Mammary Analog Secretory Carcinoma	<input type="checkbox"/> <i>ETV6</i> (12p13)
Clear Cell Sarcoma	<input type="checkbox"/> <i>EWSR1</i> (22q12.2) <input type="checkbox"/> <i>ATF1</i> (12q13.12)	Myxoid Liposarcoma	<input type="checkbox"/> <i>DDIT3</i> (12q13)
Dermatofibrosarcoma Protuberans (DFSP)	<input type="checkbox"/> <i>PDGFB</i> (22q13.1)	Oligodendroglioma (ODG)	<input type="checkbox"/> 1p36/19q13
Ewing Sarcoma	<input type="checkbox"/> <i>EWSR1</i> (22q12.2) <input type="checkbox"/> <i>FLI1</i> (11q24.3)	Renal Cell Carcinoma	<input type="checkbox"/> <i>TFE3</i> (Xp11.23)
Extraskeletal Myxoid Chondrosarcoma	<input type="checkbox"/> <i>NR4A3</i> (9q31.1)	Rhabdomyosarcoma	<input type="checkbox"/> <i>PAX7/FOXO1</i> t(1;13) <input type="checkbox"/> <i>PAX3/FOXO1</i> t(2;13)
Germ Cell Tumours	<input type="checkbox"/> 12p/q	Synovial Sarcoma	<input type="checkbox"/> <i>SS18</i> (18q11.2)
Liposarcoma	<input type="checkbox"/> <i>MDM2</i> (12q15)		

Instructions	
Please send the following: <ul style="list-style-type: none"> <li>An H&amp;E stained slide with the tumour region circled</li> <li>Note the tumour content and cellularity of the circled region in the space provided in the Specimen section (above)</li> <li>One unstained slide (positively charged) with 4-6µm tissue section for each FISH probe requested</li> <li>Specimen block which will be returned when the test is completed</li> </ul>	

PHYSICIAN SIGNATURE (REQUIRED)				DATE					
LAB USE ONLY	FFPE Blocks	Scrolls	H&E	IHC	Unstained	Tumour Content %	Cellularity %	Pathologist Initials	Notes