

ONCOLOGY/BMT LABORATORY REQUISITION

DIVISION OF GENOME DIAGNOSTICS

at BC Children's & BC Women's Hospitals Facility Code L1050
4500 Oak Street Vancouver, BC V6H 3N1 www.genebc.ca

Molecular Genetics Tel: 604-875-2852, Fax: 604-875-2707
Cytogenetics Tel: 604-875-2304, Fax: 604-875-3601

***Yellow highlighted fields must be completed.**

SUNQUEST / COPATH
LABEL ONLY

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Bill to → <input type="checkbox"/> MSP <input type="checkbox"/> PATIENT* <input type="checkbox"/> OTHER*: _____ *Billing Form Required (www.genebc.ca)			
ORDERING PRACTITIONER		PATIENT INFORMATION	
ORDERING PRACTITIONER NAME	MSP #	PERSONAL HEALTH NUMBER	MEDICAL RECORD NUMBER
ADDRESS		LAST NAME OF PATIENT	FIRST NAME OF PATIENT
TELEPHONE	FAX	DOB	SEX
ALTERNATIVE CONTACT NAME		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	
ALTERNATIVE CONTACT TELEPHONE			
COPY TO PRACTITIONER		CLINICAL INFORMATION / COMMENTS	
COPY TO PRACTITIONER NAME / ADDRESS	MSP #		
COPY TO PRACTITIONER NAME / ADDRESS	MSP #		
COPY TO PRACTITIONER NAME / ADDRESS	MSP #		
SOLID TUMOUR / LYMPHOMA	INDICATION (TUMOUR TYPE)	TEST(S) PERFORMED	SAMPLE TYPE
	<input type="checkbox"/> Burkitt Lymphoma	FISH: <i>MYC</i> (8q24)	Touch Prep
	<input type="checkbox"/> Clear Cell Sarcoma of Soft Tissue	FISH: <i>EWSR1</i> (22q12)	
	<input type="checkbox"/> CNS Tumour; specify type above	CMA	Fresh-Frozen Tumour
	<input type="checkbox"/> Congenital Mesoblastic Nephroma	FISH: <i>ETV6</i> (12p13)	
	<input type="checkbox"/> Desmoplastic Small Round Cell Tumour	FISH: <i>EWSR1</i> (22q12)	Touch Prep
	<input type="checkbox"/> Ewing Sarcoma	FISH: <i>EWSR1</i> (22q12)	
	<input type="checkbox"/> Germ Cell Tumour	CMA	Fresh-Frozen Tumour
	<input type="checkbox"/> Hepatoblastoma	CMA	
	<input type="checkbox"/> Infantile Fibrosarcoma	FISH: <i>ETV6</i> (12p13)	Touch Prep
	<input type="checkbox"/> Medulloblastoma	CMA, FISH: <i>MYC</i> (8q24), <i>MYCN</i> (2p24)	
	<input type="checkbox"/> Neuroblastoma	CMA, FISH: <i>MYCN</i> (2p24)	Fresh-Frozen Tumour & Touch Prep
	<input type="checkbox"/> Rhabdomyosarcoma; alveolar/embryonal	CMA, FISH: <i>FOXO1</i> (13q14)	
<input type="checkbox"/> Wilms Tumour	CMA	Fresh-Frozen Tumour	
<input type="checkbox"/> Other: _____	Consult with Cytogeneticist On Service		
BIOPSY SITE:			
HEMATOLYMPHOID NEOPLASMS	DIVISION OF GENOME DIAGNOSTICS USE ONLY		
	<input type="checkbox"/> New Acute Leukemia <input type="checkbox"/> Follow Up <input type="checkbox"/> Relapse <input type="checkbox"/> Myelodysplasia vs Marrow Failure <input type="checkbox"/> Cytopenia NYD; specify above <input type="checkbox"/> Staging Bone Marrow; specify tumour type & site below <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hold <input type="checkbox"/> Karyotype <input type="checkbox"/> CMA FISH: ALL <input type="checkbox"/> B-ALL FISH Panel <input type="checkbox"/> <i>BCR-ABL1</i> <input type="checkbox"/> Chr 4 & 10 <input type="checkbox"/> <i>CRLF2</i> <input type="checkbox"/> <i>ETV6-RUNX1</i> <input type="checkbox"/> <i>KMT2A</i> <input type="checkbox"/> <i>IGH</i>	AML <input type="checkbox"/> <i>BCR-ABL1</i> <input type="checkbox"/> <i>CBFB</i> <input type="checkbox"/> Chr 5 & 7 <input type="checkbox"/> <i>KMT2A</i> <input type="checkbox"/> <i>PML-RARA</i> <input type="checkbox"/> <i>RUNX1-RUNX1T1</i> MDS <input type="checkbox"/> Chr 5 <input type="checkbox"/> Chr 7
	DIAGNOSIS: <input type="checkbox"/> B-ALL <input type="checkbox"/> T-ALL <input type="checkbox"/> AML <input type="checkbox"/> Other: _____		
	SAMPLE TYPE <input type="checkbox"/> BM Aspirate <input type="checkbox"/> Residual Flow Cytometry Sample <input type="checkbox"/> Other: _____		
	TUMOUR TYPE / BIOPSY SITE:		
MOLECULAR CHIMERISM	CLINICAL INDICATION(S)	SAMPLE TYPE	
	<input type="checkbox"/> Donor <input type="checkbox"/> Pre-transplant Recipient <input type="checkbox"/> Post-transplant Monitoring	<input type="checkbox"/> Blood (EDTA 2 mL)	
<input type="checkbox"/> Fanconi Anemia		<input type="checkbox"/> Blood (NaHep 3 mL)	
DATE OF COLLECTION	TIME OF COLLECTION	COLLECTOR	SIGNATURE OF PRACTITIONER - REQUIRED
			DATE SIGNED

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