

MOLECULAR/BIOMARKERS REQUISITION

Department of Laboratory Medicine and Molecular Diagnostics

Shipping Address / Contact:

Sunnybrook Health Sciences Centre
2075 Bayview Avenue, Toronto, ON M4N 3M5
Mon-Fri 0800-1700: Room E410
After Hours: Room CG13
<https://sunnybrook.ca/content/?page=dept-labs-moleserv>
Email: molecular.services@sunnybrook.ca
T: 416-480-4012 F:416-480-4271

Patient Information:

Name: _____
MRN: _____
DOB: _____ Sex: M / F
Health Card#: _____
Physician: _____

Instructions

1. Fill out the sections for Patient info, Clinical History/Reason for Referral and Referring Physician info
2. For hereditary or pharmacogenetics testing, select test(s) in Section I.
3. For testing of hematologic malignancies, select test(s) in Section II.
4. For testing of solid tumors, enter specimen information in Section III and select test(s) in Section IV.
5. Refer to the respective section for specimen requirements and location to send the specimen.
6. Send completed requisition with specimen.
7. For shipping non-FFPE sample to Sunnybrook, collect sample Monday to Thursday ONLY and send with same day or next day delivery.

Clinical History / Reason for Referral:

- _____
- New Diagnosis
- Recurrence
- Monitoring
Date of last treatment _____
- RUSH (reason): _____

Referring Physician Info:

Name: _____
Address: _____
Phone: _____ Fax: _____
Signature: _____
CC: _____
(Include any other relevant treating physicians)

I. Hereditary / Pharmacogenetics

Specimen required: 3mL EDTA blood
Send specimen to the Core Lab (CG13)

- DPYD (c.557A>G, c.1129-5923C>G, c.1679T>G, c.1905+1G>A and c.2846A>T)
- * F2 (prothrombin) (20210G>A)
- * F5 (factor V leiden thrombophilia)
- * MTHFR (C677T)
- * HFE (C282Y, H63D)
- * TPMT (c.238G>C, c.460G>A, c.719A>G)
- * HLA-B*5701

Lab Use Only:

Date Received: _____ Tech Initials: _____ Accession #: _____
yyyy / mm / dd

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II. Hematologic Malignancies

Test

- * B-cell clonality (IGH/IGK)
- * T-cell clonality (TCR β and γ)
- * IGH/BCL2 (BCL2)
- * JAK2 (V617F), CALR (exon 9 indels)
- * BCR/ABL1 (chronic phase, p210 only)

If diagnostic BCR/ABL1 is required, use UHN requisition

<https://www.uhn.ca/UHNReferrals/Malignant-Hematology-Testing.pdf>

Specimen required

FFPE or 1 tube of blood/BMA in EDTA

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1 tube of blood/BMA in EDTA

2 tubes of 3mL EDTA blood

Myeloid NGS

1 tube of BMA in EDTA

- AML
- MDS, non-CML MPN and MDS/MPN

If there is flow cytometry specimen, send both flow and myeloid NGS specimen to B210; otherwise send specimen requiring myeloid NGS only to E410

To activate testing for non Sunnybrook patients, hematopathology report or other supporting documentation must either be sent with the sample or faxed to 416-480-6035

Myeloid NGS – DNA

ABL1, ANKRD26, ASXL1, BCOR, BRAF, CALR, CBL, CEBPA, CSF3R, DDX41, DNMT3A, ETV6, EZH2, FLT3, GATA2, HRAS, IDH1, IDH2, IKZF1, JAK2, KIT, KRAS, MPL, MYD88, NF1, NPM1, NRAS, PHF6, PPM1D, PRPF8, PTPN11, RB1, RUNX1, SETBP1, SF3B1, SH2B3, SMC1A, SMC3, SRSF2, STAG2, TET2, TP53, U2AF1, WT1, ZRSR2

Myeloid NGS – RNA

ABL1, ABL2, ALK, BCL2, BRAF, CCND1, CREBBP, EGFR, ETV6, FGFR1, FGFR2, FUS, HMGA2, JAK2, KAT6A (MOZ), KAT6B, KMT2A, KMT2A-PTDs, MECOM, MET, MLLT3, MLLT10, MRTFA (MKL1), MYBL1, MYH11, NTRK2, NTRK3, NUP214, NUP98, PAX5, PDGFRA, PDGFRB, RARA, RBM15, RUNX1, TCF3, TFE3, ZNF384

* Indicates testing for non-Sunnybrook patient will be billed to the referring physician, hospital or laboratory
Please check the most current version of this requisition at <https://activenet.sunnybrook.ca/DOCS/D0162552.pdf>

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III. Specimen for Solid Tumor Tests

Type of Request:

Sample previously reported (Referral):

Accession #: _____ Institution: _____

Select test in section IV. **Fax completed form to 416-480-4271**

New Sample:

Tissue source/site: _____ Collection date & time: _____

Select tissue type below and test required in section IV.

Submit completed form and Pathology Report (required) with specimen to E410

Tissue Type

- FFPE
- Cytology cell block (alcohol fixed, FFPE)+H&E slide
- Cytology fluid (alcohol fixed, i.e. SurePath)
- Frozen tissue (5mm³)
- Fresh tissue in sterile saline/RPMI at room temp
- Extracted DNA (> 1 ug)
- Extracted RNA (> 1 ug)
- Other: _____

For FFPE specimen:

Fixative (if not 10% NBF): _____ Fixation duration: _____

• Preferred: Block + H&E slide

- If block unavailable, 10 unstained slides at 5 microns with pre and post H&E
For Prostate and NTRK testing, send an additional charged unstained slide for IHC
- Curls with an H&E

**** Testing for tumor types that are not CCO funded will be billed to the referring physician, hospital or laboratory**
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IV. Solid Tumor Test List by Primary Site

Biliary Tract:

- BRAF, ERBB2, FGFR1, FGFR2, FGFR3, IDH1, IDH2, KRAS, NRAS

Bladder:

- FGFR1, FGFR2, FGFR3, NTRK

Breast:

- HER2, ER, PR
- ESR1, PIK3CA

Colorectal/Small Bowel:

- MMR / MSI
- BRAF, KRAS, NRAS, PIK3CA, PTEN

Endometrium:

- MMR / MSI
- CTNNB1, ERBB2, KRAS, PIK3CA, POLE, PTEN, TP53

Gastric/esophagus (adenocarcinoma):

- HER2
- MMR / MSI
- PD-L1

Glioma:

- IHC: ATRX, H3-K27M, IDH R132H, TP53
- MGMT promoter methylation
- 1p/19q FISH
- SNP array: 1p/19q codeletion, +7,-10/PTEN deletion, CDKN2A deletion, EGFR amplification
- EGFR, H3-3A, H3C2, IDH1, IDH2, TERT

Head and Neck Squamous Cell CA:

- PD-L1
- HPV

Lung:

- ALK, BRAF, EGFR, FGFR1, ERBB2, KRAS, MET, NTRKs, PIK3CA, RET, ROS1, STK11
- EGFR T790M
- PD-L1

Melanoma:

- BRAF, KIT, NRAS
- GNAQ, GNA11 (Uveal Melanoma)

Ovary:

- BRCA1, BRCA2

Prostate:

- ATM, BRCA1, BRCA2, PALB2

Salivary gland: (for Sunnybrook patients only)

- BRAF, ERBB2, RET, NTRKs

Thyroid:

- BRAF, HRAS, KRAS, NRAS, NTRK3, PPARG, RET

Others:

- EBER (Nasopharyngeal, Gastric)
- HPV (Cervix, Penile)
- MMR (Adrenal, Endometrium, Esophagus, Gallbladder, Gastric, Ocular, Ovary, Pancreas, Sebaceous, Ureter)
- NTRK fusion (IHC/NGS):

Primary site: _____

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