

**MOLECULAR GENETICS HEREDITARY CANCER TESTING REQUISITION**

~ Visit community collection lab for blood draw ~

PATIENT DEMOGRAPHICS	
Last Name:	Health Card #:
First Name:	Date of Birth (DD/MM/YYYY):
Address:	Legal Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> non-Binary
City:	<input type="checkbox"/> Unknown <input type="checkbox"/> X
Province:	Sex Assigned at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Uncertain
Postal Code:	<input type="checkbox"/> Unknown <input type="checkbox"/> Choose not to disclose

REFERRING PROVIDER	
Last Name:	
First Name:	
CPSO #:	OHIP Billing #:
Address:	
City:	
Province:	Phone #:
Postal Code:	Fax #:
Signature (required):	

COPIES TO	
Last Name:	
First Name:	
CPSO #:	OHIP Billing #:
Address:	
City:	
Province:	
Postal Code:	
Phone #:	Fax #:

SPECIMEN REQUIREMENTS
<input type="checkbox"/> Blood (5-10mL EDTA) room temp
<input type="checkbox"/> In-house THP samples Lab#: _____

SPECIMEN COLLECTION
Collection Date (DD/MM/YYYY): _____
Collection Time: _____

PATIENT DETAILS
<input type="checkbox"/> Patient is currently pregnant EDD: _____
<input type="checkbox"/> Patient within last 30 days has had a blood transfusion
<input type="checkbox"/> Patient is a BMT recipient
<input type="checkbox"/> Patient has a known hematological disorder Specify: _____
<input type="checkbox"/> Patient has cancer YES NO UNKNOWN
Patient Ancestry: _____

TESTING REQUIRED
<input type="checkbox"/> Hereditary Cancer Panel – <i>complete page 2 and 3</i>
<input type="checkbox"/> Single Gene Testing / Partner Follow-Up Gene Testing Gene: _____
<input type="checkbox"/> Tumour-Detected Variant <i>Specify gene and variant. (Complete page 2)</i>
<input type="checkbox"/> Familial Variant <i>Specify gene and variant. (Complete page 2)</i>

ADDITIONAL NOTES:
Please attach family pedigree to requisition.

TESTING STATUS
<input type="checkbox"/> Routine
<input type="checkbox"/> Expedited <i>Reason (required):</i> _____ <i>Surgery Date (if applicable):</i> _____

THP LABORATORY USE ONLY
Date/Time Received / Tech:
Specimen Details:
Comments:
RQ#:

For THP LABEL ONLY

## MOLECULAR GENETICS HEREDITARY CANCER TESTING REQUISITION

### Patient Clinical Information

<b>Reason(s) for Testing (select all that apply)</b>			
<input type="checkbox"/> Personal history meeting HCT v4 guideline criteria <input type="checkbox"/> Family history meeting HCT v4 guideline criteria <input type="checkbox"/> Systemic therapy planning/surgical/medical management of cancer <input type="checkbox"/> Tumour-based follow-up testing (e.g. MSI / IHC abnormality or clinically significant tumour-detected variant). <b>Attach report(s).</b> <input type="checkbox"/> Ancestry-based testing (e.g. Ashkenazi Jewish) <input type="checkbox"/> Known familial variant. <b>Complete targeted variant analysis section 1 below and attach report(s).</b>			
<b>Patient Clinical History (select all that apply)</b>			
<input type="checkbox"/> Biliary Tract <input type="checkbox"/> Breast <input type="checkbox"/> Ovarian/ fallopian tube/ primary peritoneal <input type="checkbox"/> Pancreatic <input type="checkbox"/> Prostate	<input type="checkbox"/> Colorectal <input type="checkbox"/> Endometrial <input type="checkbox"/> Gastric / GEJ <input type="checkbox"/> Polyposis	<input type="checkbox"/> CNS <input type="checkbox"/> GIST <input type="checkbox"/> Lung <input type="checkbox"/> Melanoma <input type="checkbox"/> Paraganglioma <input type="checkbox"/> Pheochromocytoma	<input type="checkbox"/> Renal <input type="checkbox"/> Sarcoma <input type="checkbox"/> Unaffected <input type="checkbox"/> Other, specify: <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/>

### Test Request

 See HCT v4 guidance document at <https://www.cancercareontario.ca/en/guidelines-advice/types-of-cancer/70161>

<b>Section 1: Targeted variant analysis (attach report(s) if from another lab)</b>				
Gene:	Transcript:	Variant:		
Gene:	Transcript:	Variant:		
<b>Section 2: Hereditary Cancer Testing Gene Panels</b>				
<input type="checkbox"/> Ashkenazi Jewish <sup>1</sup>	<input type="checkbox"/> CNS <sup>3</sup>	<input type="checkbox"/> Lung <sup>5</sup>	<input type="checkbox"/> Pheo/Paraganglioma <sup>7</sup>	<input type="checkbox"/> Sarcoma <sup>9</sup>
<input type="checkbox"/> Core <sup>2</sup>	<input type="checkbox"/> GIST <sup>4</sup>	<input type="checkbox"/> Melanoma <sup>6</sup>	<input type="checkbox"/> Renal <sup>8</sup>	<input type="checkbox"/> Comprehensive <sup>10</sup>
<input type="checkbox"/> Other, specify:				
<b>Gene content of NGS Panels:</b> Gene panels include both sequencing and deletion/duplication analysis. (Exception: GREM1 and EPCAM analysis for large deletion/duplication only, HOXB13 exon 1 only, MITF exon 10 only).				
<sup>1</sup> <b>Ashkenazi Jewish (9 variants):</b> APC c.3902T>A; BRCA1 c.68_69del; BRCA1 c.5266dup; BRCA2 c.5946del; CHEK2 c.1283C>T, GREM1 40kb duplication; MSH2 c.1906G>C, MSH6 c.3984_3987dup; MSH6 c.3959_3962del <sup>2</sup> <b>Hereditary Cancer Core (40 genes):</b> APC, ATM, AXIN2, BAP1, BARD1, BMPR1A, BRCA1, BRCA2, BRIP1, CDH1, CDK4, CDKN2A, CHEK2, CTNNA1, EPCAM, GALNT12, GREM1, HOXB13, MBD4, MLH1, MLH3, MSH2, MSH3, MSH6, MUTYH, NTHL1, PALB2, PMS2, POLD1, POLE, PTEN, RAD51C, RAD51D, RNF43, RPS20, SDHB, SDHD, SMAD4, STK11, TP53 <sup>3</sup> <b>Hereditary CNS (20 genes):</b> APC, EPCAM, LZTR1, MLH1, MSH2, MSH6, NF1, NF2, PMS2, POLE, POT1, PTCH1, PTEN, SMARCB1, SMARCE1, SUFU, TP53, TSC1, TSC2, VHL <sup>4</sup> <b>Hereditary Gastrointestinal Stromal Tumour (GIST) (8 genes):</b> KIT, NF1, PDGFRA, SDHA, SDHAF2, SDHB, SDHC, SDHD <sup>5</sup> <b>Hereditary Lung (4 genes):</b> ATM, BRCA2, EGFR, TP53 <sup>6</sup> <b>Hereditary Melanoma (8 genes):</b> BAP1, BRCA2, CDK4, CDKN2A, MBD4, MITF, POT1, PTEN <sup>7</sup> <b>Hereditary Pheochromocytoma &amp; Paraganglioma (12 genes):</b> FH, MAX, MEN1, NF1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, TMEM127, VHL <sup>8</sup> <b>Hereditary Renal (15 genes):</b> BAP1, FH, FLCN, MET, MITF, PTEN, SDHA, SDHAF2, SDHB, SDHC, SDHD, TP53, TSC1, TSC2, VHL <sup>9</sup> <b>Hereditary Sarcoma (14 genes):</b> APC, ATM, BRCA1, BRCA2, CHEK2, DICER1, EPCAM, MLH1, MSH2, MSH6, NF1, PMS2, RB1, TP53 <sup>10</sup> <b>Hereditary Cancer Comprehensive (73 genes):</b> AIP, APC, ATM, AXIN2, BAP1, BARD1, BMPR1A, BRCA1, BRCA2, BRIP1, CCD73, CDH1, CDK4, CDKN1B, CDKN2A, CHEK2, CTNNA1, DICER1, EGFR, EPCAM, FH, FLCN, GALNT12, GREM1, HOXB13, KIT, LZTR1, MAX, MBD4, MEN1, MET, MITF, MLH1, MLH3, MSH2, MSH3, MSH6, MUTYH, NBN, NF1, NF2, NTHL1, PALB2, PDGFRA, PMS2, POLD1, POLE, POT1, PRKAR1A, PTCH1, PTEN, RAD51C, RAD51D, RB1, RET, RNF43, RPS20, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, SMARCB1, SMARCE1, STK11, SUFU, TMEM127, TP53, TSC1, TSC2, VHL				

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Section 3: Single Gene Syndromes or Small Panels	
Syndrome	Associated Genes
<input type="checkbox"/> AXIN2-related Attenuated Familial Adenomatous Polyposis	<i>AXIN2</i>
<input type="checkbox"/> BAP1 Tumour Predisposition Syndrome	<i>BAP1</i>
<input type="checkbox"/> Birt-Hogg-Dubé Syndrome	<i>FLCN</i>
<input type="checkbox"/> Carney Complex	<i>PRKAR1A</i>
<input type="checkbox"/> Familial Adenomatous Polyposis (CHRPE, CMV Thyroid, Desmoid)	<i>APC, MUTYH</i>
<input type="checkbox"/> DICER-associated Syndrome	<i>DICER1</i>
<input type="checkbox"/> Dysplastic Nevus Syndrome	<i>CDK4, CDKN2A</i>
<input type="checkbox"/> Familial Isolated Pituitary Adenoma	<i>AIP</i>
<input type="checkbox"/> Hereditary Parathyroid Neoplasia	<i>CDC73, MEN1</i>
<input type="checkbox"/> Hereditary Leiomyomatosis and Renal Cell Cancer	<i>FH</i>
<input type="checkbox"/> Hereditary Multiple Osteochondromas	<i>EXT1, EXT2</i>
<input type="checkbox"/> Li-Fraumeni Syndrome	<i>TP53</i>
<input type="checkbox"/> MBD4 Tumour Predisposition Syndrome	<i>MBD4</i>
<input type="checkbox"/> Multiple Endocrine Neoplasia Type 1	<i>MEN1, CDKN1B</i>
<input type="checkbox"/> Multiple Endocrine Neoplasia Type 2	<i>RET</i>
<input type="checkbox"/> Neurofibromatosis Type 1	<i>NF1</i>
<input type="checkbox"/> Nevoid Basal Cell Carcinoma Syndrome (Gorlin Syndrome)	<i>PTCH1, SUFU</i>
<input type="checkbox"/> Nijmegen Breakage Syndrome	<i>NBN</i>
<input type="checkbox"/> Peutz-Jeghers Syndrome	<i>STK11</i>
<input type="checkbox"/> PTEN Hamartoma Tumour Syndrome	<i>PTEN</i>
<input type="checkbox"/> Rare Polyposis Genes	<i>GALNT12, RPS20</i>
<input type="checkbox"/> Retinoblastoma	<i>RB1</i>
<input type="checkbox"/> Rhabdoid Predisposition Syndrome	<i>SMARCA4, SMARCB1</i>
<input type="checkbox"/> Schwannomatosis	<i>NF2, LZTR1, SMARCB1</i>
<input type="checkbox"/> Sessile Serrated Polyposis Cancer Syndrome	<i>RNF43</i>
<input type="checkbox"/> Small Cell Carcinoma of the Ovary, Hypercalcemic Type (SCCOHT)	<i>SMARCA4</i>
<input type="checkbox"/> Tuberous Sclerosis	<i>TSC1, TSC2</i>
<input type="checkbox"/> Von Hippel-Lindau Syndrome	<i>VHL</i>

**Require help with test selection and requisition completion?** Consult a geneticist via the [Ontario eConsult \(https://econsultontario.ca/\)](https://econsultontario.ca/) or a genetic counsellor via [gcConnect \(gcConnect@ontariohealth.ca\)](mailto:gcConnect@ontariohealth.ca) or 1-844-564-4363). Do not include patient health information (PHI) in these communications.

A comprehensive list of provincial cancer resources and programs is on the Ontario Health website: [ontariohealth.ca/clinical/cancer](https://ontariohealth.ca/clinical/cancer)