

ONTARIO HEALTH GENETIC TESTING PROGRAM
Mainstreaming Requisition for Hereditary Cancer
Brantford General Hospital

SHIP TO: Hamilton Health Sciences Centre, McMaster Site, Room 3H45, Cancer Genetics
1200 Main St. W., Hamilton, ON, L8N 3Z5
Ph: (905) 521-2100, x75401; Fax: (905) 521-5032

<p>SAMPLE REQUIREMENTS</p> <p>Blood: <input type="checkbox"/> EDTA (lavender top) – 8 mL, room temperature</p> <p>Date of Collection: _____ / _____ / _____ (YY/MM/DD)</p> <p>Time of Collection: _____</p> <p>Location: _____</p> <p>Shipping Instructions: Collect and ship samples to above address at room temperature on the same day. Samples should be <i>received within 24 to 48 hours</i>.</p>	<p>PATIENT IDENTIFICATION (complete or affix label)</p> <p>Genetics# or ID# _____</p> <p>Name (Last, First): _____ (M or F)</p> <p>Address: _____ _____</p> <p>DOB (YY/MM/DD) _____ / _____ / _____</p> <p>HC# _____ Version Code: _____</p>
<p>Please confirm that genetic testing for hereditary cancer has NOT previously been ordered <i>(If testing previously ordered, <u>DO NOT</u> send for blood work. Refer to the Cancer Genetics Clinic for consideration of additional/updated genetic testing)</i></p>	
<p>GENETIC RISK INFORMATION (please check all that apply): <i>*This information MUST be included to confirm eligibility and prevent delays in processing/testing*</i></p>	
<p>Hereditary Breast/Ovarian/Prostate Cancer</p> <p><input type="checkbox"/> Breast cancer ≤45 years of age (HBOC CRITERIA #1) <input type="checkbox"/> Triple negative breast cancer ≤60 years of age (HBOC CRITERIA #4) <input type="checkbox"/> Male breast cancer (HBOC CRITERIA #5) <input type="checkbox"/> Epithelial ovarian cancer (excludes low grade/borderline ovarian cancer) (HBOC CRITERIA #6) <input type="checkbox"/> Metastatic prostate cancer (PROSTATE CRITERIA #1)</p> <p>TEST REQUESTED: Hereditary Breast/Ovarian/Prostate Cancer multigene panel ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2, PTEN, RAD51C, RAD51D, STK11, TP53, HOXB13</p>	<p>Hereditary Pancreatic Cancer</p> <p><input type="checkbox"/> Pancreatic adenocarcinoma (PANCREATIC CRITERIA #1)</p> <p>TEST REQUESTED: Hereditary Pancreatic Cancer multigene panel ATM, BRCA1, BRCA2, CDKN2A, EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2, STK11, TP53</p> <p>Hereditary Gastric Cancer</p> <p><input type="checkbox"/> Gastric/G-E cancer ≤50 years of age (GASTRIC CRITERIA #1)</p> <p>TEST REQUESTED: Hereditary Gastric Cancer multigene panel APC, ATM, BRCA1, BRCA2, CDH1, CTNNA1, EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2, SDHB, SDHD, SMAD4, STK11, TP53</p>

ORDERING PHYSICIAN:

Dr. Brian Healy
 Dr. Bryan Lee
 Dr. Justin Lee

ADDRESS: Brant Community Healthcare System – Brantford General Hospital
200 Terrace Hill St, Brantford, Ontario, N3R 1G9 (P) 519-751-5544

COPY REPORT TO: Cancer Genetics Clinic

ADDRESS: Juravinski Cancer Centre, 699 Concession Street, Hamilton, ON, L8V 5C2 (P) 905-387-9711 (F) 905-575-6379

AUTHORIZED SIGNATURE: _____

LAB USE ONLY: