

**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

SAMPLE REQUIREMENTS	PATIENT IDENTIFICATION <i>(complete or affix label)</i>
<p><b>Blood:</b></p> <p><input type="checkbox"/> <b>EDTA (lavender top) – 8 mL</b>, room temperature</p> <p>Date of Collection: ____/____/____ (YY/MM/DD)</p> <p>Time of Collection: _____</p> <p>Location: _____</p> <p><b>Shipping Instructions:</b> 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>Genetics# or ID# _____</p> <p>Name (Last, First): _____ (M or F)</p> <p>Address: _____</p> <p>_____</p> <p>DOB (YY/MM/DD) ____/____/____</p> <p>HC# _____ Version Code: _____</p>
<p>Please confirm that genetic testing for hereditary cancer has <b>NOT</b> previously been ordered  <i>(If testing previously ordered, <b>DO NOT</b> send for blood work. Refer to the Cancer Genetics Clinic for consideration of additional/updated genetic testing)</i></p>	
<p><b>GENETIC RISK INFORMATION (please check all that apply):</b></p> <p><i>*This information MUST be included to confirm eligibility and prevent delays in processing/testing*</i></p>	
<p><b><u>Hereditary Breast/Ovarian/Prostate Cancer</u></b></p> <p><input type="checkbox"/> Breast cancer ≤45 years of age (HBOC CRITERIA #1)</p> <p><input type="checkbox"/> Triple negative breast cancer ≤60 years of age (HBOC CRITERIA #4)</p> <p><input type="checkbox"/> Male breast cancer (HBOC CRITERIA #5)</p> <p><input type="checkbox"/> Epithelial ovarian cancer (excludes low grade/borderline ovarian cancer) (HBOC CRITERIA #6)</p> <p><input type="checkbox"/> Metastatic prostate cancer (PROSTATE CRITERIA #1)</p> <p><b>TEST REQUESTED:</b></p> <p style="padding-left: 20px;"><b>Hereditary Breast/Ovarian/Prostate Cancer multigene panel</b>  ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2, PTEN, RAD51C, RAD51D, STK11, TP53, HOXB13</p>	<p><b><u>Hereditary Pancreatic Cancer</u></b></p> <p><input type="checkbox"/> Pancreatic adenocarcinoma (PANCREATIC CRITERIA #1)</p> <p><b>TEST REQUESTED:</b></p> <p style="padding-left: 20px;"><b>Hereditary Pancreatic Cancer multigene panel</b>  ATM, BRCA1, BRCA2, CDKN2A, EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2, STK11, TP53</p> <p><b><u>Hereditary Gastric Cancer</u></b></p> <p><input type="checkbox"/> Gastric/G-E cancer ≤50 years of age (GASTRIC CRITERIA #1)</p> <p><b>TEST REQUESTED:</b></p> <p style="padding-left: 20px;"><b>Hereditary Gastric Cancer multigene panel</b>  APC, ATM, BRCA1, BRCA2, CDH1, CTNNA1, EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2, SDHB, SDHD, SMAD4, STK11, TP53</p>
<p><b>ORDERING PHYSICIAN:</b></p> <p><input type="checkbox"/> Dr. Brian Healy</p> <p><input type="checkbox"/> Dr. Bryan Lee</p> <p><input type="checkbox"/> Dr. Justin Lee</p> <p><b>ADDRESS:</b> Brant Community Healthcare System – Brantford General Hospital  200 Terrace Hill St, Brantford, Ontario, N3R 1G9 (P) 519-751-5544</p> <p><b>COPY REPORT TO:</b> Cancer Genetics Clinic</p> <p><b>ADDRESS:</b> Juravinski Cancer Centre, 699 Concession Street, Hamilton, ON, L8V 5C2 (P) 905-387-9711 (F) 905-575-6379</p> <p><b>AUTHORIZED SIGNATURE:</b> _____</p>	
<p><i>LAB USE ONLY:</i></p>	