

MOLECULAR PATHOLOGY

Testing is provided for medical purposes only and results are not intended for forensic use. The laboratory is not a forensically accredited laboratory.

Referring Physician

Name: _____ Institution: _____ Referring Laboratory: _____ Referring Lab Accession #: _____ Telephone Number: _____ Fax Number: _____	Mailing Address: _____ _____ _____
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Copy Report To

Name: _____ Telephone Number: _____ Fax Number: _____	Mailing Address: _____ _____ _____
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General Test Information

<input type="checkbox"/>	Single test requested.
<input type="checkbox"/>	Multiple tests requested. <input type="checkbox"/> Perform <u>all</u> requested tests. <input type="checkbox"/> If the requested targeted test(s) is negative, run the selected NGS panel

Specimen Information

Tumour type: _____
 Suspected alteration(s): _____

Link Test Catalogue

- <https://www.sickkids.ca/en/care-services/for-health-care-providers/lab-tests/lab-test-catalogue/>

Reasons for Referral (optional)

Special Requests

- Please contact us at cmd.laboratory@sickkids.ca

For Laboratory Use

Date received (DD/MM/YYYY): _____ Pathology #: _____
 Technologist: _____ Tissue received on dry ice (if applicable) Yes No

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NanoString Test List

<p>NOTE: Please consult the Paediatric Laboratory Medicine Webpage (https://www.sickkids.ca/en/care-services/for-health-care-providers/lab-tests/lab-test-catalogue/) for detailed information about the transcripts, fusions, and duplications targeted by the panels.</p>	<p>Specimen Type and Information</p>	<p><input type="checkbox"/> Frozen tissue: ~40mg <input type="checkbox"/> FFPE scrolls: 10 x 10µm sections <input type="checkbox"/> FFPE block</p>
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<input type="checkbox"/>	<p>MEDULLOBLASTOMA SUBTYPING</p> <ul style="list-style-type: none"> The tissue provided must have been confirmed as a medulloblastoma by a pathologist The tissue provided must be representative of the tumour One H&E stained slide representative of the tested tissue must be provided RNA-based assay Medulloblastoma Subtyping Panel gene list
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<input type="checkbox"/>	<p>SARCOMA FUSION TRANSCRIPT PANEL</p> <ul style="list-style-type: none"> The tissue provided must be representative of the tumour One H&E stained slide representative of the tested tissue should be provided RNA-based assay Sarcoma Fusion Transcript Panel gene list
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<input type="checkbox"/>	<p>LOW GRADE GLIOMA FUSION TRANSCRIPT & DUPLICATION PANEL 1</p> <ul style="list-style-type: none"> The tissue provided must be representative of the tumour One H&E stained slide representative of the tested tissue should be provided RNA-based assay Low Grade Glioma Fusion gene list
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<input type="checkbox"/>	<p>ATYPICAL TERATOID RHABDOID TUMOUR (ATRT)</p> <ul style="list-style-type: none"> The tissue provided must have been confirmed as a ATRT by a pathologist The tissue provided must be representative of the tumour One H&E stained slide representative of the tested tissue should be provided RNA based assay Atypical Teratoid Rhabdoid Tumour gene list
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<input type="checkbox"/>	<p>EPENDYMOMA FUSION TRANSCRIPT PANEL</p> <ul style="list-style-type: none"> The tissue provided must be representative of the tumour One H&E stained slide representative of the tested tissue should be provided RNA based assay Ependymoma Fusion Transcript Panel gene list
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For Canada Only
 Health Card #:
 Issuing Province:

Version:

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DNA Microarray Test List - Pathology/Cytogenetics

<ul style="list-style-type: none"> The tissue provided must be representative of the tumour 		PROVIDE ONE SPECIMEN PER TEST	Specimen Type and Information
<input type="checkbox"/>	<p>SNP FFPE DNA SNP microarray - OncoScan – FFPE Tissue</p> <ul style="list-style-type: none"> The Affymetrix OncoScan CNV Assay is a whole genome copy number microarray-based assay that enables the detection of copy number variation /loss of heterozygosity (LOH) Number of SNP markers: over 220,000 DNA-based assay <p><i>Note: The assay has the same copy number coverage as the OncoScan CNV Plus assay but does not include somatic mutation coverage</i></p> <p style="background-color: #0056b3; color: white; padding: 2px;">Reasons for Referral</p>		<input type="checkbox"/> FFPE block <input type="checkbox"/> FFPE scrolls: 10 x 10µm sections
<input type="checkbox"/>	<p>SNP FRESH SNP microarray-CytoScan – Frozen Tissue</p> <ul style="list-style-type: none"> The Affymetrix CytoScan HD Assay is a whole genome copy number microarray- based assay that enables the detection of copy number variation / loss of heterozygosity (LOH) Number of non-polymorphic markers: 1,953,246 Number of SNP markers: 743,304 DNA-based assay <p style="background-color: #0056b3; color: white; padding: 2px;">Reasons for Referral</p>		<input type="checkbox"/> Frozen tissue: ~40mg

Next Generation Sequencing Test List - Pathology

<ul style="list-style-type: none"> The tissue provided must be representative of the tumour One H&E stained slide representative of the tested tissue must be provided 		PROVIDE ONE SPECIMEN PER TEST	Frozen tissue: ~40mg FFPE scrolls: 10 x 10µm sections FFPE block
<input type="checkbox"/>	<p>Illumina TruSight RNA Pan-Cancer Panel</p> <ul style="list-style-type: none"> Panel: 1385 Oncology genes. Please consult the DPLM Catalogue Test webpage for complete gene list or click here. RNA-based assay TruSight RNA Pan-Cancer Target Genes 		Reasons for Referral: MANDATORY

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Methylation Array-based Tumour Classification

<ul style="list-style-type: none"> The tissue provided must be representative of the tumour One H&E stained slide representative of the tested tissue must be provided 	PROVIDE ONE SPECIMEN PER TEST	<input type="checkbox"/> Frozen tissue: ~40mg <input type="checkbox"/> FFPE scrolls: 10 x 10µm sections <input type="checkbox"/> FFPE block
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<input type="checkbox"/>	<p>Infinium Methylation EPIC Array</p> <ul style="list-style-type: none"> DNA-Based Assay The Infinium Methylation EPIC Bead Chip Kit is a genome-wide methylation screening tool that targets over 935,000 CpG sites in the most biologically significant regions of the human methylome Enables tumour classifications through analysis with tumour classifier algorithms as well as copy number variation and MGMT methylation 	<p>Reasons for Referral: MANDATORY</p>
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Shipping Instructions

All specimens that DO NOT MEET the transport requirements will be REJECTED

1. Specimen can be via Taxi, Courier or Regular Post to the following address:

The Hospital for Sick Children
Division of Pathology
Room 3110, Burton Wing
555 University Ave.
Toronto, ON, Canada, M5G 1X8

2. To avoid compromising specimen integrity, **ship Monday through Wednesday only.**
Do not ship specimen on the day of or the day before a Canadian statutory holiday.
Canadian Holidays to consider:
 - New Year's Day – January 1
 - Good Friday – the Friday before Easter
 - Victoria Day – Monday on or before May 24
 - Canada Day – July 1
 - Civic Holiday – First Monday in August
 - Labour Day – First Monday in September
 - Thanksgiving – Second Monday in October
 - Christmas Day – December 25
 - Boxing Day – December 26
3. SNAP FROZEN TISSUES:
 - All frozen tissues must be shipped on dry ice.
 - Specimen must be sent Monday through Wednesday only.
 - Never place samples directly on the dry ice.
 - We recommend a minimum of 4 kg (approx. 10 lbs.) of dry ice for international shipments.
 - Do not overpack. Overpacked Styrofoam will crack and dry ice will be consumed faster.
 - Regulations require that the diamond shaped dry ice sticker be placed on the outside of the shipping box.
4. PARAFFIN SCROLLS:
 - Scrolls from FFPE tissues can be shipped at room temperature.
 - Scrolls must be shipped immediately after shaving.
5. PARAFFIN BLOCKS:
 - Block(s) from FFPE tissues can be shipped at room temperature.
6. To avoid shipping problems:
 - To schedule a shipment, contact a freight forwarder who knows how to export medical specimens from your country.
 - Ask the forwarder to help you with local regulations, completing the necessary documentation and arranging to clear the shipment through Canada Customs.
 - Transit times may be more than one day. Please take this into account when packaging your samples.

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BILLING FORM

Completion of Billing Form NOT required for patients with an Ontario Health Card Number.

At your direction, we will bill the hospital, referring laboratory, or a patient/guardian, for the services we render:

- Invoices are sent upon completion of each test/service.
- Contact SickKids' Pathology Laboratory at 416-813-5974 with billing inquiries.

How to complete the Billing Form:

- Referring Physician completes the appropriate section below to specify billing method.
- Send requisition and completed "Billing Form" with specimen.

Section 1: Complete to have the Healthcare Provider billed:

Your Referring Laboratory's Reference #: _____

Billing address of hospital, referring laboratory:

Name: _____

Address: _____

City: _____ Prov/State: _____

Postal/Zip Code: _____ Country: _____

Contact Name: _____ Contact Telephone #: _____

Section 2: Complete to have Patient/Guardian billed directly:

If you elect to have patient/guardian billed:

- Patient/Guardian billing information below must be complete; otherwise, the healthcare provider will be billed.
- Please advise the patient/guardian to expect a bill from our laboratory.
- Provide us with patient's valid credit card information.
- Unfortunately, we cannot accept personal checks.
- **In this case, the patient/guardian is solely responsible for the charges.**

Send bill to (check one): Patient Guardian/Parent

Method of Payment (check one): American Express MasterCard Visa

Name as it appears on credit card:

Credit card # :

Expiry date on credit card:

CVV#- found on back of card (Required):

Mailing Address of Patient/Guardian (if different from requisition):

Name: _____

Address: _____

_____ Apt. #: _____

City: _____ Prov/State: _____

Postal/Zip Code: _____ Country: _____

Additional Contact Information

Patient's phone # with area code: _____

- or -

Guardian's phone # with area code: _____