

**Molecular Diagnostics Laboratory**

400 University Avenue,  
Saint John, NB, E2L 4L2

TEL: (506) 648-6882, FAX: (506) 649-2536

Hours of operation: Monday to Friday 08:00 to 16:00

For booking appointments, please provide local blood collections  
telephone number: \_\_\_\_\_

**STAT**

<b>MANDATORY INFORMATION</b>	Patient's Name (Last, First):		Name (Please PRINT):		
	DOB: MM DD YYYY	Sex:	Signature (required):		
	NB Medicare #: <small>If no NB Medicare # is present, Other Patient # and Address is required</small>		Expiry Date:	Address:	
	Other Client Insurance/Patient #:		Province:	Postal Code:	Phone #:
	Relevant Clinical Information:		Copies To:	Phone #:	Fax #:
<b>ORDERING PHYSICIAN</b>			e-mail: _____		

**NOTE: Specimens MUST be labelled with patient's full name, Medicare Number, Date, Time & Phlebotomist Identification**

Collection Date:	Time:	Collection Location:
Collected by:	Full Signature:	
Referring Specimen ID:		
<b>Non-Horizon Lab Billing information</b>		
Hospital Name	Responsible Person	
Hospital Address		

<b>Molecular Genetics Tests</b>	<b>Clinical History</b>
<p><b>Hematology (See next page for important details):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> BCR-ABL p210 – Monitoring</li> <li><input type="checkbox"/> BCR-ABL p190 – Monitoring</li> <li><input type="checkbox"/> BCR-ABL p210 and p190 – Diagnostic</li> <li><input type="checkbox"/> JAK2 (V617F)</li> <li><input type="checkbox"/> FLT3-ITD &amp; D835</li> <li><input type="checkbox"/> NGS – Myeloid Malignancies Panel <b>*Complete mandatory information on page 2</b></li> </ul>	<p>Diagnosis: _____</p> <p>Reason for Testing:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Diagnostic/Screening</li> <li><input type="checkbox"/> Monitoring</li> </ul> <p>Date last tested: _____</p> <p>Prior BM Transplant:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul> <p>Donor (Self or Non-self): _____ Gender _____</p>
<p><b>Germline (See next page for important details):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Factor V Leiden (F5.c.1601G&gt;A) and Prothrombin (F2 g.21538G&gt;A)</li> <li><input type="checkbox"/> Hemochromatosis (C282Y and H63D variants)</li> <li><input type="checkbox"/> TPMT (Thiopurine Methyltransferase)</li> <li><input type="checkbox"/> DPYD (Dihydropyrimidine dehydrogenase)</li> <li><input type="checkbox"/> HLA-B27</li> <li><input type="checkbox"/> Familial Variant Sequencing <b>**Complete mandatory information on page 2</b></li> <li><input type="checkbox"/> NGS – Germline Pan Cancer Panel (550+ Genes) <b>***Complete mandatory information on page 2</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> DNA Banking</li> <li><input type="checkbox"/> RNA Banking</li> <li><input type="checkbox"/> Diagnostic Testing</li> <li><input type="checkbox"/> Predictive Testing (patient with family history)</li> <li><input type="checkbox"/> Carrier Testing</li> <li><input type="checkbox"/> Prenatal Diagnosis</li> <li><input type="checkbox"/> Other: Pregnancy? <input type="checkbox"/> YES</li> <li><input type="checkbox"/> Date of Last Menstrual Period: ____/____/____ (mm/dd/yy)</li> </ul>

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**Solid Tumor (See below for important details):**

- BRAF (V600E, V600D, V600R, V600K)
- MGMT Methylation
- MLH1 Methylation
- NGS – Solid Tumor Panel (52 Genes)
- NGS – Pan Cancer Panel (550+ Genes)

Specimen/Tissue Type (What tissue or organ was  
biopsies/resected?) and Tumor Type:  
\_\_\_\_\_

Paraffin Embedded Tissue

Type of Sample:

- Block
- Slides; # of Slides: \_\_\_\_\_

% Tumor Cells: \_\_\_\_\_

Case/Block Number: \_\_\_\_\_

**Mandatory Information**

**\*NGS Myeloid Malignancies Panel**

Purpose: Screening / Diagnostic / Monitoring

Has a PB or BM sample been tested before? Yes/No

If yes, enter date last tested: \_\_\_\_\_

*Acute leukemias:* Will be accepted for testing (diagnostic  
and monitoring)

*Non-acute leukemias:* For screening or diagnosis, only one  
BM and/or PB will be accepted per condition.

For monitoring samples, the interval between tests should  
be equal to or in excess of one year

Exception reason \_\_\_\_\_

**\*\*For Familial Variant Sequencing, please provide:**

Disease: \_\_\_\_\_

Gene/Mutation: \_\_\_\_\_

Name/ Medicare Number of Relative who tested positive:  
\_\_\_\_\_

Ethnic Background: \_\_\_\_\_

**\*\*\*NGS Pan Cancer Germline Testing - Only use with  
personal history of Breast, Ovarian, Prostate and Pancreatic  
Cancer**

Personal history of cancer? Yes/No

Type of cancer: \_\_\_\_\_

Previous Tissue/Tumor Sample Tested? Yes/No

Was the test on tissue positive? Yes/No

**General Requirements:**

- 1- All fields must be filled. Requisitions with incomplete  
clinical information will be returned for completion.
- 2- Institutions outside Saint John Regional Hospital are  
required to attach a CBC, Bone Marrow, or Pathology  
Report with their sample as applicable.
- 3- Sample Requirements: Please refer to Cytogenetics  
and Molecular Section of the Saint John Region Lab  
User Manual <https://www.horizonnb.ca/lab-resources>

**Hematology Testing:**

- 1- When multiple stand-alone tests are selected, testing  
may be done by NGS Myeloid Malignancies Panel.
- 2- Myeloid Targeted Assays (Single gene assays): If  
requesting more than 1 targeted assay please select  
NGS assay above instead.
- 3- When choosing Myeloid NGS Screen, do not select  
Myeloid targeted assays (single gene assays, ex: JAK2)  
as they are included in the panel.
- 4- A complete list of genes can be found in the Saint John  
Region Lab User Manual

<https://www.horizonnb.ca/lab-resources>

**Solid Tumor Testing:**

- 1- The NGS Solid Tumor Panel:
- 2- May be used to test the following tumor types: Breast  
(PIK3CA), Colon, Lung, Brain, Thyroid, Melanoma, GIST
- 3- A complete list of genes can be found in the Saint John  
Region Lab User Manual  
<https://www.horizonnb.ca/lab-resources>

**The NGS Pan cancer Panel:**

- 1- May be used to test the following tumor types:  
*Endometrium, Ovary, Prostate, Pancreas, Lung, Colon,  
GIST, Esophageal/Gastroesophageal, Brain,  
Melanoma, Salivary Glands, Thyroid, Pancreas,  
Bladder, Prostate, Lymphoma, Kidney, Mesothelioma,  
Endocrine Glands, Advanced Stage Malignancy*
- 2- A complete list of genes can be found in the Saint John  
Region Lab User Manual  
<https://www.horizonnb.ca/lab-resources>