OPTILAB Montréal-CUSM

Centre universitaire de santé McGill — McGill University Health Centre

COMPREHENSIVE GENOMIC PROFILING (CGP)

Core Molecular Diagnostic Laboratory (CMDL)
OPTILAB-MUHC Genetics
1001 Decarie boul., E05.5051, Montreal, QC, H4A 3J1
Email: molecular.pathology@muhc.mcgill.ca
Website: https://muhc.ca/cmdl/tests/comprehensive-genomic-profiling
Tel: 514-934-1934 x24900 / x62746 Fax: 514-938-7405

***Required information**

PATIENT STAMP OR LABEL HERE

Name (Last, First):*

Birth date (YYYY-MM-DD):* / /

Father's name:

Mother's name:

Medical Record # (MRN):*

Health coverage ID (e.g., RAMQ, UCI):*

For babies, please provide mother's ID

Sex:* ☐ Male ☐ Female ☐ Unknown

Referring Physician:*

Genomic profiling of the tumor may identify variants suggestive of an inherited cancer predisposition. Depending on the result, appropriate post-test genetic counselling could be recommended. **The ordering physician is responsible for ensuring referral for germline confirmation and genetic counselling** if a potential hereditary variant is identified.

Refer to the gene list in the test information sheet, available on our website, for genes included in this analysis.

Name (Last, First):*

License #:* Institution:*

Address:*

e-mail address:*

Tel:* Fax:*
(Fax # to send results)

Contact person:

Tel: Fax:

I acknowledge that the patient/guardian is aware of the benefits, limitations and risks associated with the requested test. I authorize the laboratory to fax results to the number provided above.

Signature:* _____ Date:* / /

Tumour cell count & type:*

Tumour cell count (TCC ≥ 20%):* %

☐ Cholangiocarcinoma

☐ High-grade serous ovarian cancer

☐ Metastatic castration-resistant prostate cancer

Requests for any other type of cancer will not be accepted

Specimen Information:*

- Please circle the tumour region if the tumour cell count (TCC) is low
- Requests to send back samples will be declined

FFPE specimen:
blocks and specimens decalcified with formic acid will not be accepted

☐ 10 x 10µm scrolls in 1.5 mL tube

☐ 10 x 10µm unstained slides

Frozen specimen or fresh tissue:

Collection Date – Time:*

/ / at h min

Tissue type - Specify:*

☐ ≥ 30 mg of frozen tissue on dry ice (please ship the same day)

☐ ≥ 30 mg of fresh tissue on RNA later

DNA sample:

☐ DNA: min 10 µg – Source*:

Ordering Checklist & Shipping:*

Ordering checklist:

☐ Specimens labelled with at least two identifiers*

☐ Completed test requisition (*this form*)*

☐ 1 H&E stained slide labelled with at least two identifiers*
(This slide will not be returned)

☐ Copy of the pathology/cytology report*

Shipping instructions:

- Slides must be shipped in plastic slide holders or foam transport boxes.
- FFPE specimens (slides/scrolls) and fresh tissues on RNA later can be shipped at room temperature.
- Frozen tissues must be shipped the same day on dry ice.
- Please ship specimens and associated documents to the address at the top of this page.

See test information sheet for detailed specimen preparation and test description.

CMDL - Laboratory use only:

Date - Time received:

/ /

h min

Sample type and # of tubes:

Patient #:

SAMPLE LABEL(S) HERE

Test Info

CUSM repro MUHC