Department of Clinical Laboratory Genetics

Genome Diagnostics – Hereditary Disorders

Toronto General Hospital
Eaton Wing 11-444, 200 Elizabeth Street
Toronto, Ontario M5G 2C4
Director: Suzanne Kamel-Reid, PhD FACMG
Phone: (416) 340-4800 x5739/7624
Fax: (416) 340-3596
Hours of Operation (Mon-Fri) 8:30AM-4:30PM
CAP#: 7175217 CLIA#:99D1106115
IQMH# 4204-site 0141

Patient Information or Hospital Stamp Here

Last Name:

First Name:

Date of Birth (MM/DD/YYYY):

Gender:

Health Card #:

Hospital #:

Instructions:

1.Complete all information as requested
2.Send requisition with specimen to address above
3.Keep specimen at room temperature unless frozen
4.If shipping, send same day or next day delivery
5.Specimen labelling: **Name, DOB, MRN#**

Referring Physician Signature:_____

Information for Reporting:

Full Name of Referring physician:
Hospital/Address:

Phone:
Fax:
Copy Report To:_____

Specimen Requirements

❑ **Peripheral blood**
5 mL in **EDTA**

❑ **Extracted DNA** (not accepted for deletion/duplication testing)

Tissue Source _____Conc. _____ Vol._____

Collection Information

Collection date/time:_____

Collected by:_____

Test Indication

Please provide any available clinical information and/or complete the Clinical Data Information Sheet.

❑ **Diagnosis**

❑ **Known Family Variant Analysis -** Please provide variant details on Pg. 2 of this requisition

****If no family member has been tested at UHN a positive genetic test report of a family member is required.**

❑ **Other:** _____

Pedigree

Please draw or attach a pedigree and provide any relevant clinical information.

Ethnicity_____

Please ensure you are using an updated version of this requisition, available at
http://www.uhn.ca/LMP/Health_Professionals/Documents/MolecularDiagnosticsHereditary.pdf

Toronto General
Toronto Western
Princess Margaret
Toronto Rehab
Department of Clinical Laboratory Genetics
Genome Diagnostics – Hereditary Disorders
Toronto General Hospital
Eaton Wing 11-444, 200 Elizabeth Street
Toronto, Ontario M5G 2C4
Director: Suzanne Kamel-Reid, PhD FACMG
Phone: (416) 340-4800 x5739/7624
Fax: (416) 340-3596
Hours of Operation (Mon-Fri) 8:30AM-4:30PM

Patient Information or Hospital Stamp Here
Last Name:
First Name:
Date of Birth (MM/DD/YYYY):
Gender:
Health Card #:
Hospital #:

Molecular Diagnostics Tests

Note: Only variants in the genes requested on this requisition will be investigated and reported

***Indicates genes for which deletion/duplication testing will be completed**

Amyloidosis
❑ Sequencing (*APOA1, APOA2, B2M, FGA, GSN, LYZ, TTR)*

Birt-Hogg-Dube *(FLCN*)*
❑ Sequencing + Deletion/Duplication

Cowden Syndrome *(PTEN*)*
❑ Sequencing + Deletion/Duplication

Hemochromatosis *(HFE)*
❑ p.Cys282Tyr/p.His63Asp

Hereditary Leiomyomatosis and Renal Cell Carcinoma *(FH*)*
❑ Sequencing + Deletion/Duplication

Hereditary Renal Cancer *(BAP1*, CDC73, DICER1, FH*, FLCN*, MET, MITF, PTEN*, SDHA, SDHAF2, SDHB, SDHC, SDHD, TMEM127, TP53, TSC1*, TSC2*, VHL*)*
❑ Sequencing + Deletion/Duplication

Hereditary Renal Cancer/Pheochromocytoma-Paraganglioma Overlap *(MAX, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, TMEM127, VHL*)*
❑ Sequencing + Deletion/Duplication

Lynch Syndrome – Targeted *(MLH1*, MSH2*, MSH6*, PMS2*)*
❑ Sequencing + Deletion/Duplication (*includes EPCAM)*
❑ Germline Methylation *(MLH1)*

MMR IHC results (if completed):
_____

Lynch Syndrome – Comprehensive *(APC, BMPR1A, CHEK2, MLH1*, MSH2*, MSH3, MSH6*, MUTYH, NTHL1, PMS2*, PTEN, POLD1, POLE, SMAD4, STK11, TP53)*
❑ Sequencing + Deletion/Duplication (*includes EPCAM)*

Malignant Hyperthermia *(CACNA1S, RYR1)*
❑ Sequencing

Melanoma – Familial *(BAP1*, CDK4*, CDKN2A*, MC1R, MITF, POT1)*
❑ Sequencing + Deletion/Duplication

Thrombosis
❑ Factor V (Leiden)//Prothrombin/Factor II (G20210GA)
❑ *MTHFR* (C677T) (only if homocysteine is elevated)

Tuberous Sclerosis *(TSC1*, TSC2*)*
❑ Sequencing + Deletion/Duplication

Von Hippel-Lindau Syndrome *(VHL*)*
❑ Sequencing + Deletion/Duplication

Single Gene Tests – Sequencing (*+ Deletion/Duplication, where indicated)

Disease/Indication:_____

❑ *APC*	❑ *FGA*	❑ *MSH6**	❑ *SDHB*
❑ *APOA1*	❑ *FH**	❑ *MUTYH*	❑ *SDHC*
❑ *APOA2*	❑ *FLCN**	❑ *NTHL1*	❑ *SDHD*
❑ *B2M*	❑ *GSN*	❑ *PMS2**	❑ *SMAD4*
❑ *BAP1**	❑ *LYZ*	❑ *PTEN**	❑ *STK11*
❑ *BMPR1A*	❑ *MAX*	❑ *POLD1*	❑ *TMEM127*
❑ *CACNA1S*	❑ *MC1R*	❑ *POLE*	❑ *TP53*
❑ *CDC73*	❑ *MET*	❑ *POT1*	❑ *TSC1**
❑ *CDK4**	❑ *MITF*	❑ *RET*	❑ *TSC2**
❑ *CDKN2A**	❑ *MLH1**	❑ *RYR1*	❑ *TTR*
❑ *CHEK2*	❑ *MSH2**	❑ *SDHA*	❑ *VHL*
❑ *DICER1*	❑ *MSH3*	❑ *SDHAF2*	

Known Family Variant Analysis

Gene/Variant: _____

Proband Name/UHN #: _____
(If proband or other relatives with a positive result was not tested at UHN, please include copy of report)

Relationship of this individual to proband: _____

Please ensure you are using an updated version of this requisition, available at
http://www.uhn.ca/LMP/Health_Professionals/Documents/MolecularDiagnosticsHereditary.pdf

DEPARTMENT OF CLINICAL LABORATORY GENETICS
GENOME DIAGNOSTICS/CANCER CYTOGENETICS

UHN Toronto General Toronto Western Princess Margaret Toronto Rehab

CLINICAL DATA INFORMATION SHEET

PATIENT NAME/DOB:_____

CANCER

- ☐ Adrenocortical carcinoma
- ☐ Brain
  - ☐ Astrocytoma
  - ☐ Choroid plexus carcinoma
  - ☐ Glioblastoma
  - ☐ Hemangioblastoma
  - ☐ Medulloblastoma
  - ☐ Other _____
- ☐ Breast
  - ☐ Ductal carcinoma in situ (DCIS)
  - ☐ Invasive ductal carcinoma
  - ☐ Invasive lobular carcinoma
  - ☐ Lobular carcinoma in situ (LCIS)
  - ☐ Phyllodes
  - ☐ Other _____
- ☐ Colon
  - ☐ Adenocarcinoma
  - ☐ Squamous cell carcinoma
  - ☐ Other
- ☐ Endometrial
- ☐ Duodenal
- ☐ Hepatobiliary
- ☐ Leukemia/lymphoma
  - ☐ Acute lymphoblastic leukemia (ALL)
  - ☐ Acute myelogenous leukemia (AML)
  - ☐ Chronic lymphoblastic leukemia (CLL)
  - ☐ Chronic myelogenous leukemia (CML)
  - ☐ Hodgkin's lymphoma
  - ☐ Non-Hodgkin's l ymphoma
- ☐ Lung
  - ☐ Type _____
- ☐ Melanoma
  - ☐ Cutaneous
  - ☐ Uveal
- ☐ Neuroendocrine tumour (site) _____
- ☐ Ovarian
  - ☐ Mucinous
  - ☐ Papillary
  - ☐ Serous
  - ☐ Other _____
- ☐ Pancreatic
- ☐ Prostate
- ☐ Rectal
- ☐ Renal
  - ☐ Chromophobe
  - ☐ Clear cell
  - ☐ Collecting duct
  - ☐ Oncocytoma
  - ☐ Papillary: Type I____ Type 2____
- ☐ Sarcoma
  - ☐ Osteosarcoma
  - ☐ Soft tissue sarcoma (site)_____
- ☐ Small bowel
- ☐ Stomach
- ☐ Testicular
- ☐ Thyroid
  - ☐ Follicular
  - ☐ Medullary
  - ☐ Papillary
- ☐ Other_____

OTHER FEATURES

Neurological

- ☐ Autism
- ☐ Developmental delay/intellectual disability
- ☐ Lhermitte Duclos disease
- ☐ Psychiatric disease (type)_____
- ☐ Seizures

Ocular

- ☐ Retinal angioma/hemangioma/hamartoma

Auditory

- ☐ Endolymphatic sac tumour
- ☐ Hearing loss

Endocrine

- ☐ Goiter
- ☐ Paraganglioma (site) _____
- ☐ Pheochromocytoma
- ☐ Thyroid adenoma

Cardiac

- ☐ Arrhythmia
- ☐ Cardiac rhabdomyoma

Pulmonary

- ☐ Lung cysts
- ☐ Lymphangiomyomatosis (LAM)
- ☐ Pneumothorax

Gastrointestinal

- ☐ Colon polyps (approx. number) _____
  - ☐ Adenomatous
  - ☐ Ganglioneuromatous
  - ☐ Hamartomatous
  - ☐ Juvenile
  - ☐ Other _____

Genitourinary

- ☐ Renal angiomyolipomas
- ☐ Renal cysts
- ☐ Pancreatic cysts
- ☐ Uterine fibroids

Skin

- ☐ Acral keratoses
- ☐ Angiofibromas
- ☐ Atypical/dysplastic nevi
- ☐ Fibrofolliculomas
- ☐ Fibromas
- ☐ Lipomas
- ☐ Trichelemommas
- ☐ Other _____

Other

- ☐ Fibrocystic breast disease
- ☐ Arteriovenous malformations (location) _____
- ☐ Macrocephaly
- ☐ Other _____