Oncology Genetics Referral Form

Wellington Regional Genetics Laboratory (WRGL)
Wellington Hospital
Private Bag 7902
Wellington 6242
Tel: (04) 918 5352
Fax: (04) 385 5822
Email: OncologyWRGL@ccdhb.org.nz

NHI:	DOB:	Requester: Print name: Copy report to:	Sample Taken by: Date: Time:
Family Name:	Sex: F / M		
Given Name:	DHB of Domicile		
Address:			

Clinical details:

Diagnosis: ☐ Confirmed ☐ Provisional

Current state:

- ☐ Diagnosis
- ☐ Pre-Treatment
- ☐ Remission (for MRD study)
- ☐ Active
- ☐ Relapse

Sample details:

- ☐ Bone Marrow aspirate:
  - Biopsy site: ☐ Left ☐ Right
- ☐ Blood Sample
- ☐ Lymph node
- ☐ Solid tumour tissue
- ☐ Others

Reason for study/comments/further information:

Cytogenetic Tests Requested		Hold	Proceed Immediately	Comments
Chromosome analysis (LH or sample in transport media)				
FISH	**FISH analysis** from peripheral blood, bone marrow, lymph node or solid tumour samples (LH or sample in transport media). For FFPE slides please refer to separate FFPE referral from)			List FISH tests required (please refer to the website for a full list of probes available) http://www.wellingtongenetics.co.nz/shop/FISH+Test+List.html
	FISH for plasma cell disorders CD138+ cell sorting is required. **Samples must be received within 24 hours.**			If plasma cell sorting is required, please indicate the plasma cell percentage ____ % (or contact the laboratory once known)
	CLL workflow (LH and EDTA or sample in transport media)			This workflow includes *TP53* FISH. If FISH result is normal, *TP53* mutations will be interrogated with the Illumina Hot Spot NGS panel. **Please contact the laboratory if mutation testing is not required.**
DNA extraction and storage (EDTA or sample in transport media).				

Molecular Genetics Tests Requested	Hold	Proceed Immediately	Comments
MYD88 testing (EDTA or sample in transport media)			
Chimerism testing (please circle) a. Same sex: EDTA required b. Sex-mismatch: LH required			EDTA is required for same sex as STR analysis is required (this includes donor, pre-transplant or post-transplant). FISH for sex-mismatch
Illumina Hot Spot NGS Panel testing (EDTA, FFPE* or sample in transport media) *If NGS required from FFPE sample, please provide 2-3 slides (minimum) cut at 4 microns along with an H&E slide with the area of interest circled **Please note: NGS tests do not distinguish between somatic and germline variants. Germline variants with significant implications for both the patient and their family may be detected.**			Percentage of neoplastic cell nuclei: ____% Please note: we require a minimum of 30% neoplastic cells to proceed with NGS Specify genes to interrogate (please circle): *ABL1, AKT1, ALK, APC, ATM, BRAF, CDH1, CDKN2A, CSF1R, CTNNB1, EGFR, ERBB2, ERBB4, EZH2, FBXW7, FGFR1, FGFR2, FGFR3, FLT3, GNA11, GNAQ, GNAS, HNF1A, HRAS, IDH1, IDH2, JAK2, JAK3, KDR, KIT, KRAS, MET, MLH1, MPL, NOTCH1, NPM1, NRAS, PDGFRA, PIK3CA, PTEN, PTPN11, RB1, RET, SMAD4, SMARCB1, SMO, SRC, STK11, TP53, VHL*
NGS Sendaway (EDTA required) - please specify tests required and complete appropriate consent and molecular referral form.			Specify test required:

Consent has been obtained (this includes consent for testing and DNA storage)?: ☐ Yes ☐ No

Please refer to the website (http://www.wellingtongenetics.co.nz/) for further information on sample requirements such as transport prerequisites for testing and the specific coverage information of the Illumina Hot Spot Panel.

Shipping Instructions – Please send specimen with this original form to:

Wellington Regional Genetics Laboratory
Level 6 Ward Support Block
Wellington Hospital
Riddiford Street
WELLINGTON 6021

Phone: 04 9185352

For WRGL use only	
Received by	
Date / Time	
Sample	
Volume / Condition	
Tests required	

Incomplete referral forms may result in a delay in testing and reporting.