

## Oncology Genetics Referral Form

NHI:	DOB:	Requester:	<b>Sample Taken by:</b>   <b>Date:</b>  <b>Time:</b>
Family Name:	Sex: F / M	Print name:	
Given Name:	DHB of Domicile	Copy report to:	
Address:			
<b>Clinical details:</b> <b>HGS ovarian cancer diagnosis.</b>  <b>Diagnosis:</b> <input type="checkbox"/> Confirmed <input type="checkbox"/> Provisional  <b>Current state:</b> <input type="checkbox"/> Diagnosis <input type="checkbox"/> Active <input type="checkbox"/> Pre-Treatment <input type="checkbox"/> Relapse <input type="checkbox"/> Remission (for MRD study)		<b>Sample details:</b>  <input type="checkbox"/> Bone Marrow aspirate:  Biopsy site: <input type="checkbox"/> Left <input type="checkbox"/> Right  <input type="checkbox"/> Blood Sample <input type="checkbox"/> Lymph node <input type="checkbox"/> Solid tumour tissue <input type="checkbox"/> Others	
<b>Reason for study/comments/further information:</b>			

Cytogenetic Tests Requested		Hold	Proceed Immediately	Comments
<b>Chromosome analysis</b> (LH or sample in transport media)				
FISH	<b>FISH analysis</b> 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) <a href="http://www.wellingtongenetics.co.nz/shop/FISH+Test+List.html">http://www.wellingtongenetics.co.nz/shop/FISH+Test+List.html</a>
	<b>FISH for plasma cell disorders</b> CD138+ cell sorting is required. <b>Samples must be received within 24 hours.</b>			If plasma cell sorting is required, please indicate the plasma cell percentage ____ % (or contact the laboratory once known)
	<b>CLL workflow</b> (LH and EDTA or sample in transport media)			This workflow includes <i>TP53</i> FISH and NGS.

<b>DNA extraction and storage</b> (EDTA or sample in transport media).			
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Molecular Genetics Tests Requested	Hold	Proceed Immediately	Comments
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<b>MYD88 testing</b> (EDTA or sample in transport media)			
<b>Chimerism testing (please circle)</b> 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
<b>NGS testing</b> (FFPE or sample in transport media)  <b>For optimum DNA quality and test success rate fresh tissue is ideal</b> (a minimum of 5mm <sup>3</sup> in transport media). If testing is required from an FFPE sample, please provide a minimum of 7 de-waxed, uncoated slides cut at 4-6 microns along with 1 H&E slide with the area of interest circled and the percentage of neoplastic cell nuclei indicated.  Ideal sample criteria and thresholds include: <ul style="list-style-type: none"> <li>- Use of low-concentration (4% v/v formaldehyde) neutral-buffered formalin (12-24 h fixation)*</li> <li>- Specimen age below 8 years**</li> <li>- Minimum amount of DNA required is 50ng***</li> <li>- Tumour burden ≥30%</li> </ul> <p>*Shorter or longer times may cause enzymatic degradation of the tissue, difficulties in DNA extraction and compromise the result.          **Long-term storage of FFPE tissue blocks can influence the quality of nucleic acids          ***It is not possible to give a minimum size required and the concentration obtained is not known until after DNA extraction. However, the larger the sample, the better chance we have of obtaining a successful result.</p> <p><b>Samples with &lt;50ng will not be processed.</b></p> <p><b>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.</b></p>		<b>X</b>	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):  <b>BRCA1/BRCA2</b>
<b>NGS Sendaway</b> (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.

**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 time.**