

## Molecular Genetics Hereditary Cancer Syndrome Test Requisition

Molecular Genetics Laboratory  
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613-549-6666 x 4892 FAX: 613-548-1356  
In house delivery tube station: # 31

### Place Patient Addressograph HERE

Patient Name: \_\_\_\_\_  
Date of Birth (YYYY/MM/DD): \_\_\_\_\_  
Health Card Number: \_\_\_\_\_  
Patient Sex: M / F / U                      Version Code \_\_\_\_\_  
Patient Address: \_\_\_\_\_  
\_\_\_\_\_

**KHSC Familial Oncology #:** \_\_\_\_\_

**Please complete and submit the first page accompanied by a labelled specimen, for testing to proceed.**

Specimen Requirements	
Collection Centre:	Collected By:
Collection Date: (YYYY/MM/DD)	Specimen Type: <input type="checkbox"/> Blood 3-6mL – EDTA Vacutainer
Collection Time:	<input type="checkbox"/> Other (please specify):
Issue Report To: Authorizing Health Care Provider	
Name:	Phone Number:
Institution Address:	Fax Number:
	Authorizing Signature:
CPSO#:	OHIP Billing:

CLINICAL HISTORY

HEREDITARY CANCER SYNDROME FAMILIAL TESTING <span style="float: right;">(FAMSEQ)</span>			
Please indicate familial variant details below, in addition to the name/DOB of the index case (if available).			
Gene Name:	Coding change c.	Protein change p.	Index Case:

HEREDITARY CANCER SYNDROME PANEL TESTING <span style="float: right;">(HCCP)</span>									
Please select the panel code(s) of the most applicable indication to proceed with panel testing.									
See the following pages for a list of genes included on each panel									
<input type="checkbox"/> HCP-A	<input type="checkbox"/> HCP-F	<input type="checkbox"/> HCP-K	<input type="checkbox"/> HCP-P	<input type="checkbox"/> HCP-U	<b>Single Gene Syndromes (Select Gene Name)</b>				
<input type="checkbox"/> HCP-B	<input type="checkbox"/> HCP-G	<input type="checkbox"/> HCP-L	<input type="checkbox"/> HCP-Q	<input type="checkbox"/> HCP-V	<input type="checkbox"/> AIP	<input type="checkbox"/> BAP1	<input type="checkbox"/> FLCN	<input type="checkbox"/> PTEN	<input type="checkbox"/> SMARCA4
<input type="checkbox"/> HCP-C	<input type="checkbox"/> HCP-H	<input type="checkbox"/> HCP-M	<input type="checkbox"/> HCP-R	<input type="checkbox"/> HCP-W	<input type="checkbox"/> AXIN2	<input type="checkbox"/> DICER1	<input type="checkbox"/> NBN	<input type="checkbox"/> RB1	<input type="checkbox"/> STK11
<input type="checkbox"/> HCP-D	<input type="checkbox"/> HCP-I	<input type="checkbox"/> HCP-N	<input type="checkbox"/> HCP-S		<input type="checkbox"/> EGFR	<input type="checkbox"/> NF1	<input type="checkbox"/> RET	<input type="checkbox"/> TP53	
<input type="checkbox"/> HCP-E	<input type="checkbox"/> HCP-J	<input type="checkbox"/> HCP-O	<input type="checkbox"/> HCP-T		<input type="checkbox"/> FH	<input type="checkbox"/> PRKAR1A	<input type="checkbox"/> RNF43	<input type="checkbox"/> VHL	

<p><i>Please leave blank</i></p>	<p><i>For LAB Use Only</i></p>
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## Hereditary Cancer Syndrome Panel Information

Cancer Syndrome/Disease Site		Gene List
A	Hereditary Breast/Ovarian Cancer Panel	ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2, PTEN, RAD51C, RAD51D, STK11, TP53
B	Hereditary Prostate Cancer Panel	ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, EPCAM, HOXB13, MLH1, MSH2, MSH6, PALB2, PMS2, PTEN, RAD51C, RAD51D, STK11, TP53
C	Hereditary Endometrial Cancer Panel	BRCA1, BRCA2, EPCAM, MLH1, MSH2, MSH6, PMS2, POLD1, POLE, PTEN
D	Hereditary GI Comprehensive Panel (Panels E, F, G, H)	APC, ATM, BMPR1A, BRCA1, BRCA2, CDH1, CDKN2A, CHEK2, CTNNA1, EPCAM, GREM1, MLH1, MSH2, MSH3, MSH6, MUTYH, NTHL1, PALB2, PMS2, POLD1, POLE, PTEN, SDHB, SDHD, SMAD4, STK11, TP53
E	Lynch Syndrome Panel	EPCAM, MLH1, MSH2, MSH6, PMS2
F	Gastric Cancer Panel	APC, ATM, BRCA1, BRCA2, CDH1, CTNNA1, EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2, SDHB, SDHD, SMAD4, STK11, TP53
G	Pancreatic Cancer Panel (Adenocarcinoma)	ATM, BRCA1, BRCA2, CDKN2A, EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2, STK11, TP53
H	Polyposis Cancer Panel	APC, BMPR1A, EPCAM, GREM1, MLH1, MSH2, MSH3, MSH6, MUTYH, NTHL1, PMS2, POLD1, POLE, PTEN, SMAD4, STK11, TP53
I	Familial Gastrointestinal Stromal Panel	KIT, PDGFRA, SDHA, SDHAF2, SDHB, SDHC, SDHD
J	Familial Melanoma Panel	BAP1, BRCA2, CDK4, CDKN2A, MITF, POT1, PTEN
K	Familial Renal Cancer Panel	BAP1, FH, FLCN, MET, MITF, PTEN, SDHA, SDHAF2, SDHB, SDHC, SDHD, TP53, TSC1, TSC2, VHL
L	Pheochromocytoma and Paraganglioma Panel	FH, MAX, MEN1, NF1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, TMEM127, VHL
M	CNS Panel	APC, EPCAM, LZTR1, MLH1, MSH2, MSH6, NF1, NF2, PMS2, POLE, POT1, PTCH1, PTEN, SMARCB1, SMARCE1, SUFU, TP53, TSC1, TSC2, VHL
N	Soft Tissue Carcinoma Panel	APC, ATM, BRCA1, BRCA2, CHEK2, EPCAM, MLH1, MSH2, MSH6, NF1, PMS2, TP53
O	CHRPE, CMV Thyroid, Desmoid	APC, indicate +/-MUTYH
P	Dysplastic Nevus Syndrome	CDK4, CDKN2A
Q	Hereditary Hyperparathyroidism	CDC73, MEN1
R	MEN1 Syndrome	MEN1, CDKN1B
S	Nevoid Basal Cell Carcinoma Syndrome/ Gorlin Syndrome	PTCH1, SUFU
T	Rare Polyposis Genes	GALNT12, RPS20
U	Rhabdoid Predisposition Syndrome	SMARCA4, SMARCB1
V	Schwannomatosis	NF2, LZTR1, SMARCB1
W	Tuberous Sclerosis	TSC1, TSC2

## Hereditary Cancer Syndrome Panel Information

### Singe Gene Syndrome Targets

Targeted Gene	Cancer Syndrome/Disease Site	Targeted Gene	Cancer Syndrome/Disease Site
AIP	Familial Isolated Pituitary Adenoma	PRKAR1A	Carney Complex
AXIN2	AXIN2-related Attenuated Familial Adenomatous Polyposis	PTEN	PTEN Hamartoma Tumour Syndrome
BAP1	BAP1 Tumour Predisposition Syndrome	RB1	Retinoblastoma
DICER1	DICER-associated Syndrome	RET	Multiple Endocrine Neoplasia Type 2
EGFR	Hereditary Lung Cancer	RNF43	Sessile Serrated Polyposis Cancer Syndrome
FH	Hereditary Leiomyomatosis and Renal Cell Cancer	SMARCA4	Small Cell Carcinoma of the Ovary, Hypercalcemic Type (SCCOHT)
FLCN	Birt-Hogg-Dube Syndrome	STK11	Peutz-Jeghers Syndrome
NBN	Nijmegen Breakage Syndrome	TP53	Li-Fraumeni Syndrome
NF1	Neurofibromatosis, type 1	VHL	Von Hippel-Lindau Syndrome