GENETICS CENTER
211 South Main St, Orange CA 92868

Phone: (714) 288- 3500
Fax: (714) 288-3510
www.geneticscenter.com

CANCER REQUISITION FORM

PATIENT INFORMATION:

Patient Name: (Last, First)	Date of Birth	Gender:	Male ☐	Female ☐	Unknown ☐
Phone:	Address: City		State	Zip	

REFERRING PHYSICIAN:

Physician:	NPI:	Phone:	Fax:
Address: City		State	Zip

Signature: Date:

ADDITIONAL REPORT RECIPIENTS:

Physician:	NPI:	Phone:	Fax:

SAMPLE INFORMATION:

Date of Collection:	**Sample Type (Please Select One):**
	☐ Peripheral Blood
Hospital:	☐ Saliva
	☐ Buccal
Accession #:	☐ Other: _____

PATIENT CLINICAL HISTORY / INDICATION FOR STUDY (Please attach pathology reports if possible):

Ancestry (Select all that apply):

☐	White/ Non-Hispanic	☐	Ashkenazi Jewish	☐	Pacific Islander
☐	Hispanic / Latino	☐	Asian	☐	Middle Eastern
☐	Black / African	☐	Native American	☐	Other:_____

REASON FOR TESTING

ICD-10						Add ICD-10 codes pertaining to the patient's diagnosis/ reason for test

PATIENT TESTING HISTORY

☐	No Previous Molecular/ Genetic Testing	
☐	Germline genetic testing	Test performed:_____
☐	Somatic genetic testing	Test performed:_____

OTHER COMMENTS:

Please attach or fax any previous test results if applicable

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Patient Name:_____ DOB:_____

HISTORY OF CANCER:

Personal History of Cancer

No Personal History of Cancer			
Diagnosis		Age at Diagnosis	Pathology and other Information
Breast Cancer	Left ☐ Right ☐		☐ Ductal Invasive ☐ Lobular Invasive ☐ DCIS ☐ Bilateral ☐ Premenopausal ☐ Triple Negative (ER-, PR-, HER2-)
Endometrial/Uterine Cancer			
Ovarian Cancer			☐ Fallopian tube ☐ Primary peritoneal
Prostate Cancer			Gleason score:_____
Colon/Rectal Cancer			☐ Mucinous ☐ Signet Ring ☐ Medullary Growth Pattern ☐ Tumor Infiltrating ☐ lymphocytes ☐ Crohn's Like Lymphocytic Reaction
GI Polyps			☐ Adenomatous Polyp # _____ ☐ Other Polyp Polyp #_____
Hematologic Cancer			Type: Allogenic bone marrow or peripheral stem cell transplant ☐ yes ☐ no
Other:_____			

Family History of Cancer:

☐ No Known Family History of Cancer ☐ Limited Family Structure (Limited family history or fewer than 2 1st or 2nd degree relatives lived beyond age 45)

Relationship to Patient:	Maternal	Paternal	Cancer Site or Polyp Type	Age at Diagnosis
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		

Please provide as much information to ensure the patient receives proper medical management recommendations and proper reimbursement.

Instructions: For each gene selected, please fill the checkbox for the test to be performed. For example, if requesting PTEN deletion and duplication testing only the column labeled "del/dup" should be filled. Avoid filling two check boxes for the same gene. If both sequencing and deletion duplication are requested, only fill the check box labeled "seq+del/dup" this will indicate both tests are to be performed for the single gene selected. Some genes may not allow for certain tests to be performed in which case no check box will be available. All panel tests will linclude both sequencing and deletion duplicaiton analysis.

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Patient Name:_____ DOB:_____

MOLECULAR TESTING

SINGLE SITE ANALYSIS

Gene Name:	Mutation:	GC Lab number (or lab where tested)
Name of Proband:	Relationship to relative:	

Positive control sample: ☐ Sample Provided ☐ Results Provided

Note: If targeted mutation analysis, please contact lab for positive control collection kit and attach test results

MULTI-GENE PANELS: Panels Include Sequence Analysis and Del/Dup

☐	Ashkenazi BRCA Jewish Panel	185delAG, 5385insC, and 6174delT
☐	BRCA Panel	BRCA1, BRCA2
☐	Breast Cancer Panel	ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, NBN, PALB2, PTEN, RAD51C, RAD51D, STK11, TP53
☐	Ovarian Cancer Panel	ATM, BRCA1, BRCA2, BRIP1, CHEK2, EPCAM (del/dup only), MLH1, MSH2, MSH6, PALB2, PMS2, RAD51C, RAD51D, STK11, TP53
☐	Core Breast Panel	BRCA1, BRCA2, CDH1, PTEN, STK11, TP53
☐	Colon Cancer Panel	APC, AXIN2, BMPR1A, CHEK2, EPCAM (del/dup only), GREM1, MLH1, MSH2, MSH3, MSH6, MUTYH, NTHL1, PMS2, POLD1, POLE, PTEN, SMAD4, STK11, TP53
☐	Juvenile Polyposis Syndrome	BMPR1A, SMAD4
☐	Lynch Syndrome Panel	EPCAM (del/dup only), MLH1, MSH2, MSH6, MUTYH, PMS2
☐	Pancreatic Cancer Panel	ATM, BRCA1, BRCA2, CDKN2A, EPCAM (del/dup only), MLH1, MSH2, MSH6, PALB2, PMS2, STK11, TP53
☐	Pancreatitis Panel	CASR, CFTR, CPA1, CTRC, PRSS1, SPINK1
☐	Polyposis Syndrome Panel	FAP, Gardner syndrome, Turcot syndrome, attenuated FAP and MUTYH-associated polyptosis (MAP)
☐	Prostate Cancer Panel	ATM, BRCA1, BRCA2, CHEK2, EPCAM (del/dup only), MLH1, MSH2, MSH6, NBN, PALB2, PMS2, TP53
☐	Tuberous Sclerosis	TSC1, TSC2

SINGLE GENE DISORDERS

Seq+Del/Dup	Seq	Del/Dup	Gene	Disorder
Hereditary Brain Tumors				
☐	☐	☐	NF1	Neurofibromatosis, Type 1
☐	☐	☐	NF2	Neurofibromatosis, Type 2
☐	☐	☐	SMARCB1	Schwannomatosis
Hereditary Breast Cancer				
☐	☐	☐	ATM	Breast cancer
☐	☐	☐	BRCA1	Hereditary breast and ovarian cancer (HBOC)
☐	☐	☐	BRCA2	Hereditary breast and ovarian cancer (HBOC)
☐	☐	☐	CHEK2	CHEK2-Related Cancer
☐	☐	☐	PALB2	PALB2-Related Cancer
☐	☐	☐	PTEN	Hamartoma Tumor syndrome, Cowden syndrome & Bannayan-Riley-Ruvalcaba syndrome
☐	☐	☐	TP53	Li-Fraumeni syndrome
Gastrointestinal Cancer				
☐	☐	☐	APC	Familial Adenomatous Polyposis/ Attenuated familial adenomatous polyposis
☐	☐	☐	CDH1	Familial Cutaneous Malignant Melanoma/ Hereditary Diffuse Gastric Cancer
☐	☐	☐	MUTYH	MUTYH -associated polyposis (MAP)
☐	☐	☐	SMAD4	Juvenile polyposis syndrome
☐	☐	☐	STK11	Peutz-Jeghers syndrome

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Patient Name:_____ DOB:_____

SINGLE GENE DISORDERS

Seq+Del/Dup	Seq	Del/Dup	Gene	Disorder
Genitourinary Cancer				
☐	☐	☐	FLCN	Birt-Hogg-Dube syndrome
☐	☐	☐	FH	Hereditary Leiomyomatosis and Renal Cell Cancer
☐	☐	☐	VHL	Von Hippel-Lindau syndrome
☐	☐	☐	WT1	Wilms Tumor; Denys-Drash syndrome
Endocrine Tumors				
☐	☐	☐	MEN1	Multiple Endocrine Neoplasia, Type 1 (MEN1)
☐	☐	☐	RET	Familial Medullary Thyroid Carcinoma, Multiple Endocrine Neoplasia Types 2A&2B MEN2
Other Hereditary Cancer				
☐	☐	☐	ATM	Ataxia telangiectasia
☐	☐	☐	BLM	Bloom syndrome
☐	☐	☐	FLCN	Birt-Hogg-Dube syndrome
☐	☐	☐	JAK2 V617F	JAK2-related myeloproliferative disorder
☐	☐	☐	RB1	Retinoblastoma
☐	☐	☐	NBN	Nijmegen Breakage syndrome
☐	☐	☐	NSD1	Sotos syndrome
☐	☐	☐	PTCH1	Nevoid Basal Cell Carcinoma syndrome (Gorlin syndrome)

Custom Panel (Please specify gene and testing type):

If there is a panel that is not on our list, please fill out the genes that are to be tested and the test to be performed.

Gene: _____ Gene: _____ Gene: _____
Test: _____ Test: _____ Test: _____

SHIPPING INSTRUCTIONS:

Ship to:

Genetics Center
North Door, Suite AA
211 S. Main St.
Orange, CA 92686