

# CANCER GENETICS AND GENOMICS LABORATORY

## PHARMACOGENOMICS REQUISITION



BC CANCER 604-877-6000 EXT 67-2094  
 DEPT. OF PATHOLOGY AND LABORATORY MEDICINE FAX: 604-877-6294  
 ROOM 3307 - 600 WEST 10TH AVENUE MON-FRI 8:30AM-4:30PM  
 VANCOUVER BC V5Z-4E6 [WWW.CANCERGENETICSLAB.CA](http://WWW.CANCERGENETICSLAB.CA)  
[CANCERGENETICSLAB@BCCANCER.BC.CA](mailto:CANCERGENETICSLAB@BCCANCER.BC.CA)

ADDRESSOGRAPH OR PATIENT LABEL

### PATIENT INFORMATION

Last Name		First and Middle Names	
Date of Birth (dd/mmm/yyyy)	Gender Male Female Non Binary/Other/Not Disclosed		
PHN	BC Cancer ID	Cerner MRN	

### REQUESTING PHYSICIAN

Name		MSC
Phone	Fax	

Address

**NOTE: PHYSICIAN SIGNATURE REQUIRED (BELOW)**

### SPECIMEN

Specimen Type Peripheral Blood	Cerner Order:	DPYD Mutation Screen
	Sunquest Order:	DPYDMD
	Collection Instructions:	Collect 1 x 6mL EDTA blood. Store and ship at room temperature using overnight delivery to Cancer Genetics and Genomics Laboratory (see address above). Do not refrigerate or freeze.
	Collection Date: (dd/mmm/yyyy)	

### COPY PHYSICIANS (ALL INFORMATION IS NECESSARY)

Name	MSC
Address	
Name	MSC
Address	

### REASON FOR TESTING

DPYD prospective testing

DPYD retrospective testing

**NOTES**

**Prospective testing** for DPYD is only available prior to initiation of treatment with fluoropyrimidine (5-fluorouracil (5-FU) or Capecitabine).

**Retrospective testing** for DPYD is only available for patients with a documented adverse reaction to treatment with fluoropyrimidine (5-fluorouracil (5-FU) or Capecitabine).

**Testing is not indicated** for patients who have demonstrated tolerance to fluoropyrimidine (5-fluorouracil (5-FU) or Capecitabine).

PHYSICIAN SIGNATURE (REQUIRED)	DATE
--------------------------------	------

LAB USE ONLY	PB EDTA	Other
--------------	---------	-------