

## DNA Storage For People With Cancer – Instructions for Health Care Providers

This package includes:

- a **requisition** for your patient to have a blood sample taken and stored
- an **information page** for your patient to share with their family members

**Please use this package** when:

- your patient is (or might be) eligible for hereditary cancer genetic testing AND
- their health is unstable or may change suddenly

**This package is NOT a referral to the Hereditary Cancer Program.**

After you arrange for the blood sample, next steps may include:

- **referring your patient** to the Hereditary Cancer Program if they are interested and well enough to speak with a genetic counsellor about genetic testing. Access the current referral form at: [www.bccancer.bc.ca/health-professionals/clinical-resources/hereditary-cancer](http://www.bccancer.bc.ca/health-professionals/clinical-resources/hereditary-cancer); **OR**
- **suggesting a family member self-refer** to the Hereditary Cancer Program

**Please contact the Hereditary Cancer Program with any related questions:**

- Vancouver office: 604.877.6000 (toll-free 1.800.663.3333), local 672198
- Abbotsford office: 604.851.4710 (toll-free 1.877.547.3777), local 645174

**See the Hereditary Cancer Program website for additional information about referrals:**

[www.bccancer.bc.ca/health-professionals/clinical-resources/hereditary-cancer](http://www.bccancer.bc.ca/health-professionals/clinical-resources/hereditary-cancer)

## **DNA Storage For People With Cancer: Information about storing a blood sample that may help your family**

### **What is DNA?**

DNA is your genetic material. It can be seen in your blood cells.

### **What is DNA storage?**

You can store some of your DNA by storing a blood sample. We may use your stored DNA for genetic testing.

### **What is genetic testing?**

We do special tests to look for changes (mutations) in your DNA. The test results may tell us about cancer risks for your family.

### **How can I get DNA storage done?**

Your doctor needs to complete the **attached form** (requisition). Take the form to any lab where you go for blood tests. The blood will be sent to the BC Cancer Genetics Lab. You do not have to pay for this DNA storage.

### **What will happen to my stored DNA?**

Your blood sample will be stored at the BC Cancer Genetics Lab. We will not do any tests on your stored DNA until you (or your legal representative) talk to a genetic counsellor.

### **What happens next?**

Your doctor may refer you to the Hereditary Cancer Program to talk about genetic testing. We will arrange for you to speak with a genetic counsellor.

If you do store a blood sample, **please share this page with your close family members** so that they know it was done. Your family may want to talk to a genetic counsellor. They can call the Hereditary Cancer Program for more information (see number below).

### **Where can I get more information about DNA storage?**

Talk to your doctor. Call the Hereditary Cancer Program at 604-877-6000 local 672198 or visit the website: [www.bccancer.bc.ca/our-services/services/hereditary-cancer](http://www.bccancer.bc.ca/our-services/services/hereditary-cancer)

# CANCER GENETICS AND GENOMICS LABORATORY

## HCP DNA STORAGE



BC CANCER GENETICS & GENOMICS LAB  
 DEPT. OF PATHOLOGY AND LABORATORY MEDICINE  
 ROOM 3307 – 600 WEST 10<sup>TH</sup> AVENUE  
 VANCOUVER BC V5Z 4E6

604-877-6000 EXT 67-2094  
 FAX: 604-877-6294  
 MON-FRI 8:30AM-4:30PM  
 www.cancergeneticslab.ca  
 info@cancergeneticslab.ca

ADDRESSOGRAPH OR PATIENT LABEL

**\*Approved For Blood Draw During COVID-19 Restrictions\***

### PATIENT INFORMATION

Last name		First and Middle Names	
Date of Birth (DD/MMM/YYYY)	Gender <input type="checkbox"/> M <input type="checkbox"/> X <input type="checkbox"/> F	PHN	BC Cancer ID# (if available)

### REQUESTING PHYSICIAN

Name	MSC
Phone	Fax

### SPECIMEN

Specimen Type	<p><b>Peripheral Blood</b></p> <p>Draw 5 mL blood into EDTA tubes. Store and ship at room temperature using overnight delivery to Cancer Genetics &amp; Genomics Lab (see address above).</p> <p>Do not refrigerate or freeze.</p>
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Address
Signature
Effective Date

### TEST REQUESTED

**DNA Storage - Hereditary Cancer Program**

Lab Use Only	Tube #	EDTA (mL)	NaHep (mL)	Media (mL)
	PB			
	Fibroblasts			
	Other			