

**FOR USE BY ALBERTA PRECISION LABS ONLY**

**Testing site & Shipping Address:**

Hematology Translational Lab (HTL)  
HMRB336, 3330, Hospital Drive NW, Calgary, AB. T2N4N1  
ATTN: Cindy Miskolczi  
Email: Precision.Diagnostics@oncohelix.org; htl@ucalgary.ca  
Phone +1 (403) 210-3935; +1 (403) 220-7671

PATIENT INFORMATION	
Name (Last, First) .....	.....
Medical Record # .....	.....
Date of Birth (YYYY/MM/DD):.....	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Address:.....	City:.....
Province: .....	Country: ..... Postal/Zip code.....

ORDER INFORMATION	
Requesting Physician.....	Copy to Physician .....
Location/Facility: .....	
Phone: .....	Fax: ..... Email:.....
Secondary contact (office assistant/nurse) Phone: .....	Email:.....

DIAGNOSIS	
Diagnosis:.....	Cancer Status (Metastatic): Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Details (if applicable) .....	
Has already had molecular testing (supply report, if yes)	YES <input type="checkbox"/> NO <input type="checkbox"/>

TEST REQUEST	
GENOMIC PANEL ORDERING:	
<input type="checkbox"/> <b>OncoHelix-4</b> <b>Tumour Cell-Free DNA NGS Testing - LAB9486</b> <b>FOR ALBERTA PRECISION LABS USE ONLY</b>	Liquid Biopsy ctDNA CGP Assay uses the <b>MSK-ACCESS®</b> panel <i>*see pg3 for details</i> <u>SNVs &amp; Indels</u> : 147 genes; <u>CNV</u> : 38 genes; <u>Fusions</u> : 10 genes

SPECIMEN DETAILS	
Specimen ID:	Date of Collection (YYYY/MM/DD):

TEST AUTHORIZATION, CONSENT & SIGNATURES		
<input type="checkbox"/> I certify that I am the patient's treating physician and that results from this test/s may inform the patient's ongoing/future treatment. I have explained the nature and purpose of testing to the patient and have obtained informed consent, to the extent legally required, to permit OncoHelix to (a) perform the test/s specified herein, (b) retain test results indefinitely for internal quality assurance/operational improvement, and (c) use/disclose de-identified (without identifiable patient information) results and sequencing data for ongoing/future unspecified research and development purposes.		
.....	.....	.....
<b>Ordering Physician Signature</b>	<b>Printed Name</b>	<b>Date</b>
<input type="checkbox"/> I permit OncoHelix partner lab HTL to (a) perform the test/s specified herein, that may include de-identified sequencing data analysis in the US and Europe with final analysis in Canada (b) retain de-identified test results as required or permitted by law for internal quality assurance / operational improvement, (c) use/disclose de-identified results and sequencing data for ongoing/future unspecified research and development purposes, (d) share de-identified aggregate data to the sponsor of the test Alberta Precision Laboratories ("Sponsor") for use in reporting, submissions, publication, research or commercial purposes or to improve this program. The Sponsor may modify or terminate the program at any time in its sole discretion.		
.....	.....	.....
<b>Patient's signature</b>	<b>Printed Name</b>	<b>Date</b>
<input type="checkbox"/> <b>OR Patient Verbal Consent Obtained from Ordering Oncologist</b>		

## SAMPLE REQUIREMENT & GUIDELINES

### Nucleic Acid and Tissue for Solid Tumor Genomic Analysis Panels

Panel	cfDNA	gDNA	Guidelines for MSK-ACCESS® panel
OncoHelix-4 Tumor cfDNA NGS Profiling	30 ng	50 ng	<ul style="list-style-type: none"> <li>2 x 10 ml peripheral blood collected in STRECK Tubes (Tan-top Cell-Free DNA BCT tube)</li> <li>1 x 5 ml peripheral blood collected in EDTA Tubes (Lavender-Top EDTA BCT tube)</li> <li>Extracted cfDNA from plasma and gDNA from WBCs are accepted</li> <li>For MSK-ACCESS® (evaluation of somatic status), paired tumor-normal analysis is performed and both cfDNA and gDNA is assessed.</li> </ul>

#### Specimen Type (select all that apply)

- BCT Type:  cfDNA BCT (Streck Tubes)  EDTA BCT
- cfDNA ..... (ng)  gDNA ..... (ng)

#### General Notes and Quality Recommendations:

- Minimum required nucleic acid concentrations are based on fluorometric estimation with Qubit reagents. A spectrophotometric method (nanodrop) overestimates the amount of nucleic acid and may only be used for the determination of sample purity ( $260/280 \geq 1.8$  for DNA and  $\geq 1.9$  for RNA)
- Nucleic acid must be extracted from a minimum of 10 ml of plasma separated from Streck tube Blood (cfDNA) and 3 ml EDTA Blood (gDNA)
- All nucleic acids will be tested for quality as per laboratory thresholds prior to processing

#### Plasma and cfDNA Recommendations

- Plasma separated from Blood collected in Streck tubes must be stored in -80 °C freezers until DNA extraction
- All blood collection tubes must be delivered to lab within 7 days of blood collection
- cfDNA must be extracted within 10 days of collection of sample (not applicable to genomic DNA extraction)

SPECIMEN TYPE	SHIPPING & HANDLING INSTRUCTIONS	REJECTION CRITERIA
DNA	<ul style="list-style-type: none"> <li>Ship at -20°C ( use dry ice)</li> </ul>	<ul style="list-style-type: none"> <li>Suboptimal quantity/quality</li> <li>Hemolyzed plasma specimen</li> </ul>
Plasma		
Peripheral Blood (Streck Tube)	<ul style="list-style-type: none"> <li>Ship at room temperature</li> </ul>	
Peripheral Blood (EDTA)		

### CHECKLIST

- A completed requisition has been sent with the specimen/s
- A pathology report has been sent with the specimen/s
- Any available genomic (single gene or panel) profile report/s has been sent with the specimen/s

#### Shipping Address

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**Hematology Translational Lab (HTL)**  
 HMRB 336, 3330, Hospital Drive NW,  
 Calgary, AB, CANADA T2N 4N1

#### For HTL Laboratory Use Only

Sample Received ..... (YYYY-MM-DD) ..... (AM/PM)  
 Specimen type .....  
 # Tubes/amount .....  
 Lab Acc.# .....

## cfDNA NGS PANEL DESCRIPTION

### OncoHelix-4 : Tumour Cell-Free DNA NGS Testing - LAB9486 (APL Use Only)

#### cfDNA CGP Assay uses MSK-ACCESS panel\*

Specimen compatibility: cfDNA extracted from Plasma paired with gDNA extracted from EDTA Bloodx`

● APC	● FOXL2	● RB1	● RET	● CIC	● FOXA1	● KIT	● NPM1	● PPP2R1A	● SMARCB1
● AR	● GATA3	● SMAD4	● ROS1	● CREBBP	● FOXO1	● KNSTRN	● NRAS	● PPP6C	● SOS1
● ARID1A	● HIST1H3B	● STK11	● ETV6	● CTNNB1	● FOXP1	● MAP2K1	● NTRK2	● PRKCI	● SRSF2
● ASXL1	● KDM6A	● TET2	● AKT1	● CTCF	● FUBP1	● MAP2K2	● NTRK3	● PTPN11	● STAT3
● ATM	● KEAP1	● TP53	● ARAF	● DICER1	● GNA11	● MAPK1	● NUP93	● RAC1	● STK19
● BAP1	● KRAS	● TSC1	● ARID2	● DIS3	● GNAQ	● MAX	● PAK5	● RAD54L	● TCF7L2
● BRCA1	● MLH1	● TSC2	● B2M	● EIF1AX	● GNAS	● MED12	● PDGFRA	● RAF1	● TGFB1
● BRCA2	● MSH2	● VHL	● BCL2	● EP300	● H3F3A	● MSH3	● PHF6	● RHOA	● TGFB2
● CDK12	● MSH6	● ALK	● BCOR	● ERBB2	● HRAS	● MTOR	● PIK3CA	● RIT1	● TP63
● CDK4	● NF1	● BRAF	●	● ERBB3	● IDH1	● MYC	● PIK3CB	● RRAS2	● U2AF1
● CDKN2A	● PALB2	● EGFR	● CARD11	● ESR1	● IDH2	● MYCN	● PIK3R1	● RXRA	● XPO1
● CHEK2	● PMS2	● FGFR2	● CFB	● EZH2	● IKZF1	● MYD88	● PIK3R2	● SETD2	● TERT
● DNMT3A	● PPM1D	● FGFR3	● CBL	● FGFR1	● INPPL1	● MYO10	● PIM1	● SF3B1	
● ERCC2	● PTCH1	● MET	● CCND1	● FGFR4	● JAK1	● NFE2L2	● POLE	● SMAD3	
● FBXW7	● PTEN	● NTRK1	● CD79B	● FLT3	● JAK2	● NOTCH1	● POT1	● SMARCA4	
			● CDH1						

\*OncoHelix-4: cfDNA comprehensive NGS profiling uses the MSK-ACCESS Panel. The assay was validated, and its performance characteristics were determined by OncoHelix and its partner lab – Hematology Translational Lab. The panel is not approved by Health Canada, as is the case for all cancer genomic panel. Both OncoHelix and HTL laboratories are clinically accredited by CPSA to perform high-complexity molecular testing. Any decisions related to patient care and treatment choices should be based on the independent judgement of the treating physician

- SNV and Indels
- Copy Number Variation (amplification and deletion)
- Fusions
- Promoter