

GENOTYPING OF SOLID TUMORS

TWO-SIDED DOCUMENT

IMPORTANT : CHECK LIST BEFORE SHIPMENT

- ✓ **What should be shipped?**
 - **For molecular biology testing:**

2 dry tubes of chips section (5 chips section at 5µ per tube)

Please note: if < 20% tumors cells → chips should be made after macro-dissection. If it is not possible to perform in your facility, please send us the block
 - **For FISH analysis :**

3 consecutive, unstained, 3 µ-thick sections placed on silanized slides for each probe set ordered
- ✓ **A copy of the anatomopathological examination report corresponding to the sample must be enclosed**

PATIENT	REFERRING PRESCRIBING PHYSICIAN
LAST NAME	FIRST and LAST NAME
FIRST NAME	Email address :
Birth name	<div style="border: 1px solid black; height: 100px; display: flex; align-items: center; justify-content: center;"> Mandatory stamp </div>
Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Gender: <input type="text"/>	
	Signature :

INFORMATION TO BE COMPLETED BY THE PATHOLOGIST (correspondent)

Sampling date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<div style="border: 1px solid black; height: 100px; display: flex; align-items: center; justify-content: center;"> Mandatory stamp </div>		
Anapath n°:			
Sampling Type: <input type="checkbox"/> Biopsy <input type="checkbox"/> Surgical specimen (recommended)			
Shipped material: <input type="checkbox"/> Slides <input type="checkbox"/> Sections <input type="checkbox"/> Block			
Tumor cellularity on the transmitted material (%): <input type="text"/> <input type="text"/>			
Date of shipment to the Molecular Biology laboratory: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Fixative used (formalin recommended) : <input type="checkbox"/> Formalin <input type="checkbox"/> AFA <input type="checkbox"/> Other:			
Tumor material to be analyzed:			
<input type="checkbox"/> Primary tumor	<input type="checkbox"/> Colorectal	<input type="checkbox"/> Breast	<input type="checkbox"/> Prostate
<input type="checkbox"/> Metastasis	<input type="checkbox"/> Bronchopulmonary	<input type="checkbox"/> Ovary	<input type="checkbox"/> Gallbladder
	<input type="checkbox"/> Stomach	<input type="checkbox"/> Endometrium	<input type="checkbox"/> Ganglion
	<input type="checkbox"/> Skin	<input type="checkbox"/> Liver	<input type="checkbox"/> Bones
	<input type="checkbox"/> Pancreas	<input type="checkbox"/> Peritoneal	<input type="checkbox"/> Other:

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COLORECTAL CANCERS	GIST AND GASTRIC CANCER
<input type="checkbox"/> KRAS-NRAS-BRAF-ERBB2-POLE (OPL code NGCOL) <input type="checkbox"/> KRAS-NRAS-BRAF (OPL code NGKNB) <input type="checkbox"/> KRAS-NRAS (OPL code NGRAS) <input type="checkbox"/> BRAF V600E (OPL code BRAVE) <input type="checkbox"/> MSI (OPL code MSI) MMR status (IHC) if performed: <input type="checkbox"/> Methylation status MLH1 (OPL code MEMLH)	<input type="checkbox"/> KIT et PDGFRA (OPL code KITPD) <input type="checkbox"/> HER2, amplification by FISH (OPL code FSEIN) <input type="checkbox"/> MSI (OPL code MSI) MMR status (IHC) if performed: <input type="checkbox"/> MET, amplification by FISH (OPL code FITOH)
BRONCHOPULMONARY CANCERS	UROTHELIAL CANCERS
<input type="checkbox"/> EGFR, KRAS, BRAF, HER2, MET, STK11, KEAP1 (OPL code NGPOU) <input type="checkbox"/> ALK, ROS1, RET, NTRK1 to 3, MET, BRAF, FGFR1 to 3 Fusion/exon skipping detection by NGS (OPL code RNAFU) <input type="checkbox"/> EGFR (exons 18 to 21) (OPL code EGFR1) <input type="checkbox"/> Therapeutic target research <input type="checkbox"/> EGFR-TKI's resistance, Specify the treatment: <input type="checkbox"/> EGFR-KRAS-BRAF (OPL code NGEKB) <input type="checkbox"/> ALK, translocation by FISH (OPL code ALKFI) <input type="checkbox"/> ROS1, translocation by FISH (OPL code FIROS) <input type="checkbox"/> MET, amplification by FISH (OPL code FITOH)	<input type="checkbox"/> FGFR2/3 mutation (OPL code NGFLE) <input type="checkbox"/> FGFR1, rearrangement by FISH (OPL code FITOH) <input type="checkbox"/> FGFR2, rearrangement by FISH (OPL code FITOH)
CHOLANGIOCARCINOMAS	MELANOMAS
<input type="checkbox"/> IDH1, mutations (OPL code NGIDH) <input type="checkbox"/> FGFR1, rearrangement by FISH (OPL code FITOH) <input type="checkbox"/> FGFR2, rearrangement by FISH (OPL code FITOH) <input type="checkbox"/> MSI (OPL code MSI) MMR status (IHC) if performed:	<input type="checkbox"/> BRAF+ NRAS+ C-KIT (OPL code NGMEL) <input type="checkbox"/> BRAF V600E (OPL code BRAVE)
GYNECOLOGICAL TUMORS	NEUROLOGY
<u>Ovarian / Peritoneal / Fallopian tube Tumors</u> <input type="checkbox"/> BRCA1/2 tumoral et Statut HRD (N454) (code OPL HRD) For HRD statut tumor cellularity must be >20% <u>Endometrial tumors</u> <input type="checkbox"/> POLE, TP53 (OPL code NGPOL) <input type="checkbox"/> MSI (OPL code MSI) MMR status (IHC) if performed: Please send us healthy tissue in addition to tumor tissue for joint study	<input type="checkbox"/> 1p19q, deletion by FISH (OPL code FITOH) <input type="checkbox"/> IDH1 and IDH2 (OPL code NGIDH)
PANCREATIC CANCERS	BREAST CANCERS
<input type="checkbox"/> Somatic BRCA1 and BRCA2 and KRAS (OPL code NGPAN)	<input type="checkbox"/> Somatic BRCA1 and BRCA2 (OPL code BRCAS) <input type="checkbox"/> HER2, amplification by FISH (OPL code FSEIN) <input type="checkbox"/> ETV6, rearrangement by FISH (OPL code FITOH) <input type="checkbox"/> PIK3CA (OPL code NGPIK)
OTHERS TESTS	PROSTATE CANCERS
<input type="checkbox"/> Fusion and exon skipping detection by NGS ALK, ROS1, RET, NTRK1 to 3, MET, BRAF, FGFR1 to 3 (OPL code RNAFU) <input type="checkbox"/> NTRK, rearrangement by FISH (OPL code FNTRK)	<input type="checkbox"/> Somatic BRCA1 and BRCA2 (OPL code BRCAS)

Customize your Somatic NGS Panel

Genes studied:

- | | | | | | | | | | | | |
|-------------------------------|--------------------------------|-------------------------------|---------------------------------|-------------------------------|--------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> AKT1 | <input type="checkbox"/> ALK | <input type="checkbox"/> BRAF | <input type="checkbox"/> CTNNB1 | <input type="checkbox"/> EGFR | <input type="checkbox"/> ERBB2 | <input type="checkbox"/> ERBB | <input type="checkbox"/> ESR1 | <input type="checkbox"/> FOXL2 | <input type="checkbox"/> GNA11 | <input type="checkbox"/> GNAQ | <input type="checkbox"/> IDH1 |
| <input type="checkbox"/> IDH2 | <input type="checkbox"/> KEAP1 | <input type="checkbox"/> KIT | <input type="checkbox"/> KRAS | <input type="checkbox"/> MET | <input type="checkbox"/> NRAS | <input type="checkbox"/> PDGFRA | <input type="checkbox"/> PIK3CA | <input type="checkbox"/> POLE | <input type="checkbox"/> RAF1 | <input type="checkbox"/> RET | <input type="checkbox"/> STK11 |
| <input type="checkbox"/> TP53 | | | | | | | | | | | |