

# Path to Precision: My CANcer Code

For questions or more information about the program, please email:  
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## Path to Precision: My CANcer Code

### Building the Foundation to Precision Care in Pancreatic Cancer

Pancreatic Cancer patients do not have the time to wait, yet many begin treatment without the critical information needed to understand their tumour or the therapies likely to extend their life. Pancreatic cancer is one of the deadliest cancers in Canada:

- Nearly 70% will not survive the first year after diagnosis
- Only 10% live longer than five years
- It has one of the lowest survival rates of all major cancers

**Path to Precision: My CANcer Code**, led by **Pancreatic Cancer North America (PCNA)** in partnership with **OncoHelix**, a Canadian leader in genomic diagnostics, is designed to change this reality, delivering comprehensive biomarker and genomic testing that decodes a patient's tumour and provides a clear roadmap for more precise and timely care.

### Path to Precision: My CANcer Code launches May 1<sup>st</sup>, 2026 and is accessible to all pancreatic cancer patients across provinces.

#### Testing Offered

- **OncoHelix-3** 523 gene CGP Panel (Tissue-Based Testing)
- **OncoHelix-4** 146 gene ctDNA Panel (Liquid Biopsy – cfDNA)

*Note: OncoHelix-3 & OncoHelix-4 cannot be ordered together.*

*Please note:* If patients are initially enrolled for OncoHelix-3 (tissue testing) and the tissue fails quality control:

- An alternate tissue block will be requested (if available)
- If unavailable, testing will automatically transition to OncoHelix-4 (cfDNA)

#### Eligibility Criteria

- Age ≥18 years and confirmed pancreatic cancer diagnosis
- Registration with PCNA (PCNA will contact patients upon receipt of a completed requisition)

#### Additional Considerations:

- If patient has had prior NGS/ctDNA testing (U.S. commercial or Canadian public labs), the request will be reviewed on a case-by-case basis
- Previous reports must be submitted with the requisition

#### Please choose OncoHelix-4 if:

- Prior tumour tissue failed NGS testing (insufficient quantity/quality)
- Patient cannot tolerate an additional biopsy, or there is no viable tumour tissue available
- Rapid disease progression (biochemically or radiographically confirmed) where waiting is not feasible

#### Patient Registration Requirements

- First Name and Last Name
- Phone Number
- Email Address
- City and Province
- Clinical rationale: How will results impact patient management?
- Patient consent

#### **PATIENT WILL NOT BE ELIGIBLE FOR TESTING IF THE ABOVE INFORMATION IS NOT PROVIDED**

#### **Please send the completed requisition and sample to:**

Attn: Dr. Faisal Khan  
Hematology Translational Lab (HTL)  
HMRB 380, 3330 Hospital Drive NW  
Calgary, AB, Canada T2N 4N1

Report is sent within 3 weeks of sample receipt.

#### Sample Requirements (Please see TRF for complete guidelines)

##### OncoHelix-3:

- Extracted nucleic acids and fresh frozen (FF) or formalin fixed paraffin embedded (FFPE) tissue samples are accepted. 1 H&E Slide must be sent along with the sample.

##### OncoHelix-4:

- 1 (full 10mL) STRECK blood tube. Extracted cfDNA from plasma is also accepted but must be accompanied by genomic DNA for paired testing.

*Collection kits for OncoHelix-4 testing are available. Please ensure that physicians have kits available on hand to provide to patients at the time of consultation.*

**REQUISITION MUST BE ACCOMPANIED WITH A SAMPLE TO INITIATE TESTING.**

#### PATIENT INFORMATION

Name (Last, First Middle): .....

Medical Record #: ..... Date of Birth (dd-mm-yy): .....

Insurance Provider: (If Any).....

Sex Assigned At Birth:  Male  Female Gender: .....

Phone & Email: .....

City: ..... Province/State: .....

#### Contact Us

HMRB 386, 3330 Hospital Dr. NW Calgary AB T2N 4N1  
**Phone:** +1 (403) 210 6974 **Fax:** +1 (403) 210 8176  
**Email:** [precision.diagnostics@oncohelix.org](mailto:precision.diagnostics@oncohelix.org)

#### ORDER INFORMATION

Requesting Physician: ..... Location/Facility: .....

Address: ..... City: ..... Province/State: ..... Country: ..... Postal/Zip Code: .....

Phone: ..... Fax: ..... Email: .....

Secondary Contact (office assissant/nurse) Phone: ..... Email: .....

#### DIAGNOSIS & ELIGIBILITY

Diagnosis (from path report): .....

**Patient 18 years or older?**  Yes  No

**Cancer Status: Metastatic?**  Yes  No

**Has had any previous molecular testing?**

Yes  No (If yes, a copy of the report is required)

**Other Details:** (ie known genomic variants)

Note: Patients located in New Brunswick will be contacted by PCNA to verify and confirm their eligibility for testing

#### How will this test result potentially impact patient management? (select all that apply):

- A. Treatment Decision Making  B. Familial Testing (if germline alteration positive)
- C. Prognostication  D. Referral to Another Specialist (Specify) .....
- E. Trial Participation (Specify) .....  F. All of the Above (A-E)
- G. Other (Specify) .....

#### NEXT GENERATION SEQUENCING - COMPREHENSIVE GENOMIC PANELS

**OncoHelix-3**  
**523 gene CGP Panel**

CGP Assay uses the **Illumina TSO-500 Panel**  
\*see pg.3 for details

SNVs & Indels: 523 cancer-related genes  
Fusions: 55 genes; CNV: 514 targets MSI, TMB and HRD

**OncoHelix-4**  
**146 gene ctDNA Panel**

CGP Assay uses the **MSK-ACCESS® ctDNA Panel**  
and Analysis. \*see pg.4 for details

SNVs & Indels: 146 cancer-related genes  
Fusions: 10 genes CNV: 38 targets

#### SAMPLE ACQUISITION

##### OncoHelix-3

Please send requisition to specimen holding facility to ensure that block/slides accompany requisition when sent to the lab.  
A pathology report for this specimen must also be sent to the lab with the specimen or via fax or email.

##### OncoHelix-4

Please provide the patient with the requisition and direct them to a blood collection laboratory if STRECK tubes are available. If STRECK tubes are not available, please place an order with OncoHelix.

If a blood collection facility is not accessible, please contact OncoHelix to arrange alternative collection options.

\*See pg.5 for collection details.

Specimen ID: ..... Date of Collection: .....

##### OncoHelix-3 Only

Pathologist: ..... Pathology Lab: ..... Phone: .....

## TEST AUTHORIZATION, CONSENT & SIGNATURES

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 de-identified test results as required or permitted by law for internal quality assurance/operational improvement, (c) use/disclose de-identified (without identifiable patient information) results and sequencing data for ongoing/future unspecified research and development purposes.

.....  
Ordering Physician Signature

.....  
Printed Name

.....  
Date

I permit OncoHelix & partner lab HTL to (a) perform the test/s specified herein, that may include de-identified sequencing data analysis performed outside of Canada with final analysis and clinical interpretations by OncoHelix/HTL team in Canada (b) retain test results as required or permitted by law for internal quality assurance/operational improvement, reporting, submissions, publication, research or to improve the program (c) use/disclose de-identified results and sequencing data for ongoing/future unspecified research and development purposes and (d) I acknowledge and consent to Pancreatic Cancer North America (PCNA) using the above referenced information for registration with PCNA. I understand that registration is required for the cost of testing to be covered by PCNA. I permit PCNA to contact me once registration is complete.

.....  
Patient's Signature

.....  
Printed Name

.....  
Date

## SAMPLE REQUIREMENTS & GUIDELINES

Panel	DNA	RNA	Biopsy	FFPE	Blood	Guidelines
<b>OncoHelix-3 523 gene CGP Panel</b>	250 ng	150 ng	120 µm or 4 mm <sup>3</sup>	✓	--	<ul style="list-style-type: none"> <li>Extracted nucleic acids and fresh frozen (FF) or formalin fixed paraffin embedded (FFPE) tissue samples are accepted. <b>1 H&amp;E slide must be sent along with the sample</b></li> <li>120 µm of FFPE tissue section (4 scrolls of 30 µm thickness); or 2-4 FFPE cores of 1-2 mm<sup>3</sup>; or 4 mm<sup>3</sup> FF tissue required.</li> <li>Requires a minimum of 40% tissue content &amp; 25% tumor cellularity.</li> </ul>
<b>OncoHelix-4 146 gene ctDNA Panel</b>	✓ (cfDNA & Genomic)	--	--	--	✓	<ul style="list-style-type: none"> <li>Blood Collection: 1 (full 10mL) Streck blood tube collected within 7 days of delivery to lab.</li> <li>Extracted cfDNA from plasma is also accepted (minimum concentration of 0.6ng/µL in 50µL). Must be accompanied by genomic DNA for paired testing (PB, Buccal Swab, or extracted DNA from either).</li> </ul>

### Specimen Type (select all that apply)

- Biopsy Type:  FFPE Tissue  FF Tissue  Blood  Other (specify) .....
- DNA ..... (ng)  RNA ..... (ng)  cfDNA ..... (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 acids must be extracted from a minimum of 120 µm or of FFPE tissue or 4 mm<sup>3</sup> of FF tissue
- All nucleic acids will be tested for quality as per laboratory thresholds prior to processing

### FF and FFPE Tissue Recommendations

- For FF tissue, samples must be flash-frozen in liquid nitrogen as quickly as possible after removal from patients and immediately delivered to the laboratory. Samples must be kept in -80°C freezers until DNA and RNA extraction
- For both FF and FFPE samples, one H&E slide must be sent along with the sample. An estimation of tumor cellularity must be provided by the pathologist.

SPECIMEN TYPE	SHIPPING & HANDLING INSTRUCTIONS	REJECTION CRITERIA
DNA, RNA & cfDNA	<ul style="list-style-type: none"> <li>Ship at -20°C (use dry ice)</li> <li>DNA only specimens may be shipped at 4 °C</li> </ul>	<ul style="list-style-type: none"> <li><b>Suboptimal quantity / quality</b></li> <li><b>FFPE/FF: Tissue content &lt; 40%</b></li> <li><b>Tumor cellularity &lt; 25%</b></li> </ul>
FF Tissue		
FFPE Tissue	<ul style="list-style-type: none"> <li>Ship at room temperature</li> </ul>	<ul style="list-style-type: none"> <li><b>Collected &gt; 7 days ago</b></li> </ul>
Peripheral Blood	<ul style="list-style-type: none"> <li>Ship at room temperature</li> </ul>	

## NGS PANEL DESCRIPTIONS

### OncoHelix-3: 523 Gene Panel - Assay utilizes the Illumina TSO-500 panel\*

Specimen compatibility: Genomic DNA & RNA extracted from fresh frozen and FFPE tissues

●●●	ABL1	●●●	RPS6KB1	●●●	CCND3	●●●	EIF4A2	●●●	FRS2	●●●	IGF1R	●●●	MGA	●●●	PIK3CB	●●●	RHOA	●●●	SUZ12
●●●	AKT3	●●●	TMPRSS2	●●●	CCNE1	●●●	EIF4E	●●●	FUBP1	●●●	IGF2	●●●	MITF	●●●	PIK3CD	●●●	RICTOR	●●●	SYK
●●●	ALK	●●●	ABL2	●●●	CD274	●●●	EP300	●●●	FYN	●●●	IKBKE	●●●	MLH1	●●●	PIK3CG	●●●	RIT1	●●●	TAF1
●●●	AR	●●●	ACVR1	●●●	CD276	●●●	EPCAM	●●●	GABRA6	●●●	IKZF1	●●●	MPL	●●●	PIK3R1	●●●	RNF43	●●●	TBX3
●●●	AXL	●●●	ACVR1B	●●●	CD74	●●●	EPHA3	●●●	GATA1	●●●	IL10	●●●	MRE11A	●●●	PIK3R2	●●●	RPS6KA4	●●●	TCEB1
●●●	BCL2	●●●	AKT1	●●●	CD79A	●●●	EPHA5	●●●	GATA2	●●●	IL7R	●●●	MSH3	●●●	PIK3R3	●●●	RPS6KB2	●●●	TCF3
●●●	BRAF	●●●	AKT2	●●●	CD79B	●●●	EPHA7	●●●	GATA3	●●●	INHA	●●●	MSH6	●●●	PIM1	●●●	RPTOR	●●●	TCF7L2
●●●	BRCA1	●●●	ALOX12B	●●●	CDC73	●●●	EPHB1	●●●	GATA4	●●●	INHBA	●●●	MST1	●●●	PLCG2	●●●	RUNX1	●●●	TERC
●●●	BRCA2	●●●	ANKRD11	●●●	CDH1	●●●	ERBB3	●●●	GATA6	●●●	INPP4A	●●●	MST1R	●●●	PLK2	●●●	RUNX1T1	●●●	TET1
●●●	CDK4	●●●	ANKRD26	●●●	CDK12	●●●	ERBB4	●●●	GEN1	●●●	INPP4B	●●●	MTOR	●●●	PMAIP1	●●●	RYBP	●●●	TET2
●●●	CSF1R	●●●	APC	●●●	CDK6	●●●	ERCC1	●●●	GID4	●●●	INSR	●●●	MUTYH	●●●	PMS1	●●●	SDHA	●●●	TFE3
●●●	EGFR	●●●	ARAF	●●●	CDK8	●●●	ERCC2	●●●	GLI1	●●●	IRF2	●●●	MYB	●●●	PMS2	●●●	SDHAF2	●●●	TFRC
●●●	EML4	●●●	ARFRP1	●●●	CDKN1A	●●●	ERCC3	●●●	GNAI1	●●●	IRF4	●●●	MYCL1	●●●	PNRC1	●●●	SDHB	●●●	TGFBF1
●●●	ERBB2	●●●	ARID1A	●●●	CDKN1B	●●●	ERCC4	●●●	GNAI3	●●●	IRS1	●●●	MYCN	●●●	POLD1	●●●	SDHC	●●●	TGFBF2
●●●	ERG	●●●	ARID1B	●●●	CDKN2A	●●●	ERCC5	●●●	GNAQ	●●●	JAK1	●●●	MYD88	●●●	POLE	●●●	SDHD	●●●	TMEM127
●●●	ESR1	●●●	ARID2	●●●	CDKN2B	●●●	ERRF1	●●●	GNAS	●●●	JAK3	●●●	MYO1D	●●●	PPM1D	●●●	SETBP1	●●●	TNFAIP3
●●●	ETS1	●●●	ARID5B	●●●	CDKN2C	●●●	ETV6	●●●	GPR124	●●●	JUN	●●●	NAB2	●●●	PPP2R1A	●●●	SETD2	●●●	TNFRSF14
●●●	ETV1	●●●	ASXL1	●●●	CEBPA	●●●	EZH2	●●●	GPS2	●●●	KAT6A	●●●	NBN	●●●	PPP2R2A	●●●	SF3B1	●●●	TOPI1
●●●	ETV4	●●●	ASXL2	●●●	CENPA	●●●	FAM123B	●●●	GREM1	●●●	KDM5A	●●●	NCOA3	●●●	PPP6C	●●●	SH2B3	●●●	TOP2A
●●●	ETV5	●●●	ATM	●●●	CHD2	●●●	FAM175A	●●●	GRIN2A	●●●	KDM5C	●●●	NCOR1	●●●	PRDM1	●●●	SH2D1A	●●●	TP53
●●●	EWSR1	●●●	ATR	●●●	CHD4	●●●	FAM46C	●●●	GRM3	●●●	KDM6A	●●●	NEGR1	●●●	PREX2	●●●	SHQ1	●●●	TP63
●●●	FGFR1	●●●	ATRX	●●●	CHEK1	●●●	FANCA	●●●	GSK3B	●●●	KEAP1	●●●	NF1	●●●	PRKARIA	●●●	SLIT2	●●●	TRAF2
●●●	FGFR2	●●●	AURKA	●●●	CHEK2	●●●	FANCC	●●●	H3F3A	●●●	KEL	●●●	NF2	●●●	PPK1C	●●●	SLX4	●●●	TRAF7
●●●	FGFR3	●●●	AURKB	●●●	CIC	●●●	FANCD2	●●●	H3F3B	●●●	KLF4	●●●	NFE2L2	●●●	PRKDC	●●●	SMAD2	●●●	TSC1
●●●	FGFR4	●●●	AXIN1	●●●	CREBBP	●●●	FANCE	●●●	H3F3C	●●●	KLHL6	●●●	NFKBIA	●●●	PRSS8	●●●	SMAD3	●●●	TSC2
●●●	FLI1	●●●	AXIN2	●●●	CRKL	●●●	FANCF	●●●	HGF	●●●	KRAS	●●●	NKX2-1	●●●	PTCH1	●●●	SMAD4	●●●	TSHR
●●●	FLT1	●●●	B2M	●●●	CRLF2	●●●	FANCG	●●●	HIST1HIC	●●●	LAMP1	●●●	NKX3-1	●●●	PTEN	●●●	SMARCA4	●●●	U2AF1
●●●	FLT3	●●●	BAP1	●●●	CSF3R	●●●	FANCI	●●●	HIST1H1BD	●●●	LATS1	●●●	NOTCH4	●●●	PTPN11	●●●	SMARCB1	●●●	VEGFA
●●●	JAK2	●●●	BARD1	●●●	CSNK1A1	●●●	FANCL	●●●	HIST1H3A	●●●	LTAS2	●●●	NPM1	●●●	PTPRD	●●●	SMARCD1	●●●	VHL
●●●	KDR	●●●	BBC3	●●●	CTCF	●●●	FAS	●●●	HIST1H3B	●●●	LMO1	●●●	NRAS	●●●	PTPRS	●●●	SMC1A	●●●	VTCN1
●●●	KIF5B	●●●	BCL10	●●●	CTLA4	●●●	FAT1	●●●	HIST1H3C	●●●	LRP1B	●●●	NSD1	●●●	PTPRT	●●●	SMC3	●●●	WISP3
●●●	KIT	●●●	BCL2L1	●●●	CTNNA1	●●●	FBXW7	●●●	HIST1H3D	●●●	LYN	●●●	NUP93	●●●	QKI	●●●	SMO	●●●	WT1
●●●	MET	●●●	BCL2L11	●●●	CTNNB1	●●●	FGF1	●●●	HIST1H3E	●●●	LZTR1	●●●	NUTM1	●●●	RAB35	●●●	SNCAIP	●●●	XIAP
●●●	MLL	●●●	BCL2L2	●●●	CUL3	●●●	FGF10	●●●	HIST1H3F	●●●	MAGI2	●●●	PAK1	●●●	RAC1	●●●	SOCS1	●●●	SPO1
●●●	MLLT3	●●●	BCL6	●●●	CUX1	●●●	FGF14	●●●	HIST1H3G	●●●	MALT1	●●●	PAK3	●●●	RAD21	●●●	SOX10	●●●	XRCC2
●●●	MSH2	●●●	BCOR	●●●	CXCR4	●●●	FGF19	●●●	HIST1H3H	●●●	MAP2K1	●●●	PAK7	●●●	RAD50	●●●	SOX17	●●●	YAP1
●●●	MYC	●●●	BCORL1	●●●	CYLD	●●●	FGF2	●●●	HIST1H3I	●●●	MAP2K2	●●●	PALB2	●●●	RAD51	●●●	SOX2	●●●	YES1
●●●	NOTCH1	●●●	BCR	●●●	DAXX	●●●	FGF23	●●●	HIST1H3J	●●●	MAP2K4	●●●	PARK2	●●●	RAD51B	●●●	SOX9	●●●	ZBTB2
●●●	NOTCH2	●●●	BIRC3	●●●	DCUN1D1	●●●	FGF3	●●●	HIST2H3D	●●●	MAP3K1	●●●	PARP1	●●●	RAD51C	●●●	SPEN	●●●	ZBTB7A
●●●	NOTCH3	●●●	BLM	●●●	DDR2	●●●	FGF4	●●●	HIST2H3	●●●	MAP3K13	●●●	PAX5	●●●	RAD51D	●●●	SPOP	●●●	ZFXH3
●●●	NRG1	●●●	BMPRIA	●●●	DDX41	●●●	FGF5	●●●	HNF1A	●●●	MAP3K14	●●●	PAX8	●●●	RAD52	●●●	SPTA1	●●●	ZNF217
●●●	NTRK1	●●●	BRD4	●●●	DHX15	●●●	FGF6	●●●	HNRNPK	●●●	MAP3K4	●●●	PBRM1	●●●	RAD54L	●●●	SRC	●●●	ZNF703
●●●	NTRK2	●●●	BRIP1	●●●	DICER1	●●●	FGF7	●●●	HOXB13	●●●	MAPK1	●●●	PDCD1	●●●	RANBP2	●●●	SRSF2	●●●	ZRSR2
●●●	NTRK3	●●●	BTG1	●●●	DIS3	●●●	FGF8	●●●	HRAS	●●●	MAPK3	●●●	PDCD1LG2	●●●	RARA	●●●	STAG1	●●●	HIST2H3A
●●●	PAX3	●●●	BTK	●●●	DNAJB1	●●●	FGF9	●●●	HSD3B1	●●●	MAX	●●●	PDK1	●●●	RASA1	●●●	STAG2	●●●	HIST2H3C
●●●	PAX7	●●●	C11orf30	●●●	DNMT1	●●●	FH	●●●	HSP90AA1	●●●	MCL1	●●●	PDPK1	●●●	PDPK1	●●●	STAT3	●●●	*HLA-A
●●●	PDGFRA	●●●	CALR	●●●	DNMT3A	●●●	FLCN	●●●	ICOSLG	●●●	MDC1	●●●	PGR	●●●	RB1	●●●	STAT4	●●●	*HLA-B
●●●	PDGFRB	●●●	CARD11	●●●	DNMT3B	●●●	FLT4	●●●	ID3	●●●	MDM2	●●●	PHF6	●●●	RBM10	●●●	STAT5A	●●●	*HLA-C
●●●	PIK3CA	●●●	CASP8	●●●	DOT1L	●●●	FOXA1	●●●	IDH1	●●●	MDM4	●●●	PHOX2B	●●●	RECQL4	●●●	STAT5B	●●●	*KMT2B
●●●	PPARG	●●●	CBFB	●●●	E2F3	●●●	FOXL2	●●●	IDH2	●●●	MEDI2	●●●	PIK3C2B	●●●	REL	●●●	STK11	●●●	*KMT2C
●●●	RAF1	●●●	CBL	●●●	EED	●●●	FOXO1	●●●	IFNGR1	●●●	MEF2B	●●●	PIK3C2G	●●●	RFWD2	●●●	STK40	●●●	*KMT2D
●●●	RET	●●●	CCND1	●●●	EGFL7	●●●	FOXPI	●●●	IGF1	●●●	MEN1	●●●	PIK3C3	●●●	RHEB	●●●	SUFU	●●●	TERT
●●●	ROS1	●●●	CCND2	●●●	EIF1AX														

\*OncoHelix-3: 523 Gene CGP Panel uses the Illumina TSO500 panel to provide comprehensive genomic profiling. The research use only 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 panels. 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 judgment of the treating physician.

(\* Small variants found in gVCF file only)

● SNV and Indels

● Copy Number Variations

● Fusions

● Promoter

### NGS PANEL DESCRIPTIONS CONTINUED

#### OncoHelix-4: 146 Gene - ctDNA Panel Assay utilizes the MSK-ACCESS<sup>®</sup> Panel and Analysis

Specimen compatibility: cfDNA extracted from plasma and genomic DNA extracted from fresh blood sample

●● APC	●● FOXL2	●● RB1	●● RET	●● CIC	●● FOXA1	●● KIT	●● NPM1	●● PPP2R1A	●● SMARCB1
●● AR	●● GATA3	●● SMAD4	●● ROS1	●● CREBBP	●● FOXO1	●● KNSTRN	●● NRAS	●● PPP6C	●● SOS1
●● ARID1	●● HIST1H3B	●● STK11	●● RTV6	●● CTNNA1	●● FOXP1	●● MAP2K1	●● NTRK2	●● PRKCI	●● SRSF2
●● ASXL1	●● KDM6A	●● TET2	●● AKT1	●● CTCF	●● FUBP1	●● MAP2K2	●● NTRK3	●● PTPN11	●● STAT3
●● ATM	●● KEAP1	●● TP53	●● ARAF	●● DICER	●● GNAI1	●● MAPK1	●● NUP93	●● RAC1	●● STK19
●● BAP1	●● KRAS	●● TSC1	●● ARID2	●● DIS3	●● GNAQ	●● MAX	●● PAK5	●● RAD54L	●● TCF7L2
●● BRCA1	●● MLH1	●● TSC2	●● B2M	●● EIF1AX	●● GNAS	●● MED12	●● PDGFRA	●● RAF1	●● TGFBR1
●● BRCA2	●● MSH2	●● VHL	●● BCL2	●● EP300	●● H3F3A	●● MSH3	●● PHF6	●● RHOA	●● TGFBR2
●● CDK12	●● MSH6	●● ALK	●● BCOR	●● ERBB2	●● HRAS	●● MTOR	●● PIK3CA	●● RIT1	●● TP63
●● CDK4	●● NF1	●● BRAF	●● CARD11	●● ERBB3	●● IDH1	●● MYC	●● PIK3CB	●● RRAS2	●● U2AF1
●● CDKN2A	●● PALB2	●● EGFR	●● CBFB	●● ESR1	●● IDH2	●● MYCN	●● PIK3R1	●● RXRA	●● XPO1
●● CHEK2	●● PMS2	●● FGFR2	●● CBL	●● EZH2	●● IKZF1	●● MYD88	●● PIK3R2	●● SETD2	●● TERT
●● DNMT3A	●● PPM1D	●● FGFR3	●● CCND1	●● FGFR1	●● INPPL1	●● MYO10	●● PIM1	●● SF3B1	
●● ERCC2	●● PTCH1	●● MET	●● CD79B	●● FGFR4	●● JAK1	●● NFE2L2	●● POLE	●● SMAD3	

\*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 panels. 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 Variations      ● Fusions      ● Promoter

### CHECKLIST

<input type="checkbox"/>	A completed requisition has been sent with the specimen/s
<input type="checkbox"/>	A pathology report has been sent with the specimen/s
<input type="checkbox"/>	An H&E Slide has been sent along with the specimens
<input type="checkbox"/>	Any available genomic (single gene or panel) profile report/s has been sent with the specimen/s
Please provide the following information:	
<b>Tissue content:</b>	<b>Tumor cellularity:</b>
	<b>Pathologist's Name:</b>

### SHIPPING ADDRESS

**ATTN: Dr. Faisal Khan**  
**Hematology Translational Laboratory (HTL)**  
 HMRB 380, 3330 Hospital Dr NW Calgary, AB T2N 4N1  
 Phone: +1(403)220-7671, +1(403)210-3935  
 Fax: +1(403)210-8176, email: htl@ucalgary.ca

### FOR LABORATORY USE ONLY

Date Sample Received (dd-mm-yy): .....  
 Time of Sample Receipt (hh:mm): .....  
 Specimen Type: .....  
 #Tubes/Amount of Tissue: .....  
 Lab ID: .....

## ONCOHELIX-4 BLOOD COLLECTION DETAILS

**All blood samples must be collected using OncoHelix-provided collection kits. These kits include STRECK tubes and prepaid FedEx return shipping labels to ensure proper handling and transport.**

**If additional kits are needed, please email [precision.diagnostics@oncohelix.org](mailto:precision.diagnostics@oncohelix.org). Please use subject line - "Kits for My Cancer Code" Ensure that the quantity of kits and full shipping address are mentioned.**

## BLOOD COLLECTION INSTRUCTIONS

- Collect one STRECK tube with a minimum of 8 mL.
- Do not freeze or refrigerate the blood samples. Keep at room temperature between 6-37° C.
- STRECK tubes are primary specimen containers and must be labelled properly. Indicate the date of collection and two unique patient identifiers - patient's date of birth and patient's first and last name. Ensure that these two unique identifiers are identical on TRF.
- Following blood collection into STRECK Cell-Free DNA tubes, immediately mix by gentle inversion 8 to 10 times.

## BRITISH COLUMBIA COLLECTIONS

Please take a copy of this requisition and a collection kit with you.  
Please take a copy of the LifeLabs requisition with you - **See next page.**



 <https://appointments.lifelabs.com/>

 Monday to Thursday: OPEN - 10 AM



Patients may visit any LifeLabs Patient Service Centre (PSC) for collection. Cancer centre/hospital LifeLabs locations do not offer collection services.



Collections are **BEFORE 10 AM** on **Monday, Tuesday, Wednesday and Thursday** (excluding statutory holidays)



Customer Care Centre  
1-877-849-3637 (Ontario)  
604-431-7206 (BC)  
or toll-free at 1-800-431-7206 (BC)

**Contract Account Requisition**  
Visit [www.lifelabs.com](http://www.lifelabs.com) for locations, hours of operation and  
Appointment Booking

**OncoHelix Inc.**  
Issue Date: 26-Feb-2025  
Revision Date: 12-Mar-2025

<b>BILL TO CONTRACT NUMBER:</b>	Ontario <b>AU548</b>	British Columbia <b>A7225</b>	Saskatchewan <b>AU549</b>	<b>LifeLabs Demographic Label and Billing Label</b>
<b>ORDERING DOCTOR NAME AND ADDRESS:</b>				
<b>ORDERING DOCTOR SIGNATURE (REQUIRED)</b>				<b>LifeLabs Physician Summary Label</b>
<b>PATIENT INFORMATION</b>				
Patient Surname	First	Initial(s)		
Date of Birth (YYYYMMDD)	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Health Number		
Address	City, Province		Postal Code	
			<b>ON Test Code</b>	<b>BC Test Code</b>
<input checked="" type="checkbox"/> Documentation Fee (ON only)			105	KIT50
<input checked="" type="checkbox"/> Kit Collection Fee			5684	
<b>INSTRUCTIONS FOR SASKATCHEWAN PATIENTS</b>				
SK Patients: Please take this requisition <b>Monday – Thursday before 1pm</b> to the designated collection sites listed below: LifeLabs (Midtown PSC) 5-39 23rd St. E., Saskatoon      LifeLabs (Towers PSC) 2723 Avonhurst Drive, Regina				
<b>LIFELABS PSC INSTRUCTIONS</b>				
<b>ON Collection and Shipping Instructions</b> – Samples can be collected Monday to Thursday. Do not collect on Thursday if samples cannot be shipped out same day. Include the OncoHelix req with the samples. Ship at room temperature directly from the PSC. DO NOT forward to IRL or KRL. Use client’s FedEx account # 783566150 and ship to: OncoHelix Inc, Hematology Transitional Lab (HTL), HMRB336, 3330, Hospital Drive NW, Calgary, AB, T2N 4N1 Attn: Cindy Miskolczi (403) 220-7671				
<b>BC Collection Instructions</b> – Collect Monday to Thursday before 10am only. Photocopy requisition and include one copy with samples along with the OncoHelix req. Samples must be sent to BRL on the day of collection at room temperature.				
<b>SK Collection Instructions</b> – Collect Monday to Thursday only before 1pm only. Include the OncoHelix req with the samples. Store samples at room temperature. Ship same day of collection, using prepaid shipping labels, direct to: OncoHelix Inc, Hematology Transitional Lab (HTL), HMRB336, 3330, Hospital Drive NW, Calgary, AB, T2N 4N1 Attn: Cindy Miskolczi (403) 220-7671				
<b>SK FedEx Tracking#</b> _____				
<b>Collection Instructions:</b>				
<ul style="list-style-type: none"> <li>• Patient will present with a kit</li> <li>• Collect blood using the pre-labeled tubes provided (1 x 10mL Streck Tubes) – no processing required</li> <li>• Write the patient’s name, DOB and date of collection on the tubes</li> <li>• Complete collection date and time on this requisition.</li> <li>• Samples are to be shipped out same day to OncoHelix Inc, HTL, HMRB336, 3330, Hospital Drive NW, Calgary, AB, T2N 4N1</li> </ul>				
<b>COLLECTION INFORMATION</b>				
Date of Collection:		Time of Collection:		
Phlebotomist:		Data Entry:		
<b>BRL Specimen Management:</b> Ship same day ROOM TEMP with copy of OncoHelix req via client FedEx account # 783566150 to: OncoHelix Inc, Hematology Transitional Lab (HTL), HMRB336, 3330, Hospital Drive NW, Calgary, AB, T2N 4N1 Attn: Cindy Miskolczi (403) 220-7671, (403) 210-3935				

This LifeLabs requisition is valid within Ontario, British Columbia and Saskatchewan LifeLabs Locations Only

We collect use and disclose your personal information in accordance with Ontario privacy laws. We only collect and use your personal health information: to verify your identity; accurately match your specimen with your results; follow-up for testing; enable payment; use of specimen for quality assurance and book and confirm appointments. We may also use population-level, aggregate information to evaluate our performance, contribute to health system improvement and to support market research. We disclose your results information to healthcare practitioners involved in providing care. If we are asked to disclose personal health information about you for another reason, other than as required or permitted by law, we will contact you to obtain your consent. Our privacy policy is available at [www.lifelabs.com](http://www.lifelabs.com). Samples may be referred to a testing laboratory outside of Ontario (to another province or Country). By agreeing to move forward with the laboratory test, you agree to the terms set out above.