

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 1st, 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

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
OncoHelix-3 523 gene CGP Panel	250 ng	150 ng	120 µm or 4 mm ³	✓	--	<ul style="list-style-type: none"> 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 120 µm of FFPE tissue section (4 scrolls of 30 µm thickness); or 2-4 FFPE cores of 1-2 mm³; or 4 mm³ FF tissue required. Requires a minimum of 40% tissue content & 25% tumor cellularity.
OncoHelix-4 146 gene ctDNA Panel	✓ (cfDNA & Genomic)	--	--	--	✓	<ul style="list-style-type: none"> Blood Collection: 1 (full 10mL) Streck blood tube collected within 7 days of delivery to lab. 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).

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 ≥ 1.9 for RNA)
- Nucleic acids must be extracted from a minimum of 120 µm or of FFPE tissue or 4 mm³ 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"> Ship at -20°C (use dry ice) DNA only specimens may be shipped at 4 °C 	<ul style="list-style-type: none"> Suboptimal quantity / quality FFPE/FF: Tissue content < 40% Tumor cellularity < 25%
FF Tissue		
FFPE Tissue	<ul style="list-style-type: none"> Ship at room temperature 	<ul style="list-style-type: none"> Collected > 7 days ago
Peripheral Blood	<ul style="list-style-type: none"> Ship at room temperature 	

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	●●●	RUNXIT1	●●●	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	●●●	TOP1
●●●	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	●●●	BMP1A	●●●	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[®] 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:	
Tissue content:	Tumor cellularity:
	Pathologist's Name:

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. 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.


CALGARY COLLECTIONS

No appointment needed. Please take a copy of the requisition with you. No collection kits are needed for this location.



 <https://varsitylabs.ca/>  +1 (587) 329 8279

 Suite 230 8 Varsity Estates Cir. NW
Calgary, AB, T3A 2Z3

 Mon to Fri: 9:00AM – 3:00PM
Sat/Sun: Closed

ALBERTA COLLECTIONS

Please take a copy of the requisition and a collection kit with you.

Please take a copy of APL requisition with you - **See next page.**



Leaders in Laboratory Medicine



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



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



Book an appointment for collection at 1-877-702-4486 and indicating you have a **'kit' collection.**



THIRD PARTY REQUISITION

Appointment Booking: online at www.albertaprecisionlabs.ca or 1-877-702-4486

Locations and Hours of Operation: www.albertaprecisionlabs.ca

Scanning Label or Accession # (lab only)
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Non-Participating Submitter - Use 'Req Entry'

Patient	PHN / Healthcare Number		Date of Birth (dd-Mon-yyyy)		
	Expiry:				
	Legal Last Name		Legal First Name		Middle Name
	Alternate Identifier	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to Disclose	Phone	Address	
City / Town	Province	Postal Code	Chart Number – ENTER IN CHART FIELD IN LIS ctDNA Kit		
Provider	Submitter ID	Submitter		Phone	
	23026	ONCOHELIX Inc.		403-210-6974	
	Provider ID	Authorizing Provider Name		Bill Type	
	12300005	Lab Billing Provider		Client Bill	
Collection	Date (dd-Mon-yyyy)	Time (24 hr)	Location	Collector ID / Initials	Fasting Hours

Client/Physician	<ul style="list-style-type: none"> Complete the patient section of this requisition and the required information on the OncoHelix kit paperwork. Provide the patient with this requisition and the collection/shipping kit. Include a prepaid waybill in the kit. Ensure patient is familiar with the section below. 									
Patient Information	<p>Collection Criteria: Collections are <u>prior to noon</u> Monday thru Thursday (excluding statutory holidays)</p> <ul style="list-style-type: none"> Book an appointment for collection by calling 1-877-702-4486 and indicating you have a <u>'kit' collection</u>. Ensure your appointment meets the above criteria Bring both this requisition and the kit to your laboratory appointment. 									
APL Data Entry	<p>Non-Participating Submitter - Use Req Entry</p> <table border="1"> <thead> <tr> <th>CODE</th> <th></th> <th>PROCEDURE DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>LAB71878</td> <td><input checked="" type="checkbox"/></td> <td>Third Party Collection Fee</td> </tr> <tr> <td>LAB71898</td> <td><input checked="" type="checkbox"/></td> <td>Kit Handling Fee</td> </tr> </tbody> </table>	CODE		PROCEDURE DESCRIPTION	LAB71878	<input checked="" type="checkbox"/>	Third Party Collection Fee	LAB71898	<input checked="" type="checkbox"/>	Kit Handling Fee
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LAB71878	<input checked="" type="checkbox"/>	Third Party Collection Fee								
LAB71898	<input checked="" type="checkbox"/>	Kit Handling Fee								
Sample Requirements and Handling	<p>Special Notes: Use Kit provided by the patient for collection and shipping. Samples to be shipped on day of collection</p> <ul style="list-style-type: none"> Collect STRECK Cell-Free DNS tube provided in the kit. <ul style="list-style-type: none"> Tube MUST be kept at room temperature Ensure tube is filled to capacity and mix by gentle inversion 8 to 10 times Label tube with the patient's full name, date of birth and collection date/time. Package samples as per the instructions listed: <ul style="list-style-type: none"> Place the tube into the absorbent sheet and the absorbent sheet into the specimen bag Include the OncoHelix paperwork in the specimen bag pouch Place the bubble wrap inside the mailer with the sealed specimen bag on top Place the stability pack gel on top of the specimen bag and seal kit. Send the original APL Third Party requisition for scanning using the established Third-Party process. <p>PSC sites that do not perform shipments, follow the instructions below.</p> <ul style="list-style-type: none"> Send box with the next courier to the DSC for shipment with a <u>copy</u> of this requisition. On Thursday, call the DSC Referrals at 403-770-3285 to inform them of 'same day send-out'. Thursday collections must be received at DSC Referral Dept. by 14:00h 									
Shipping (PSC/PPA Staff)	<ul style="list-style-type: none"> Do not ship sample on Friday, weekend and/or Stat Holidays. Package and ship the samples using the shipping supplies and prepaid waybill provided in the kit. <p>Any questions regarding sample collection/handling should be directed to OncoHelix laboratory at 403-220-7671.</p>									

This requisition is only valid at APL Community Patient Service Centres