

Guidelines to Patriate Genetic and Genomic Tests

Laboratories applying to introduce a publically-funded test to BC must show that:

- a. The proposed test(s) address an important and defined clinical need with the written support of relevant subject matter experts and clinical users.
- b. The laboratory/facility is accredited by the Diagnostic Accreditation Program, meeting both general standard requirements and discipline specific standards.
- c. The laboratory professionals providing the testing:
 - i. Have formal clinical certification with the requisite training and expertise to oversee the development, when applicable, and implementation of the clinical test, and ensure its ongoing quality performance.
 - ii. Ensure that the laboratory adheres to Canadian and/or International clinical laboratory best practices established by professional organizations including, but not limited to: data generation, result interpretation, report format and report mechanisms.
- d. In developing the assay and testing algorithm, and in comparison to other options (if applicable), the laboratory/facility has evaluated:
 - i. All applicable aspects of patient care
 - ii. Compliance with BC healthcare system approved sample collection standards
 - iii. Appropriate validation of test sample types with the methodology
 - iv. Reporting validated results
 - v. Analytical sensitivity
 - vi. Analytical specificity
 - vii. Reproducibility
 - viii. Accuracy
 - ix. Positive and negative predictive values
 - x. If applicable: analysis pipelines focused on providing results of high diagnostic value while reducing impact of uncertain results on patients, family and the clinical system.
- e. The cost is less than or approximately equivalent to other testing options, if applicable, taking into account other patient management costs related to the underlying condition.

- f. Relevant clinical users and subject matter experts for the test have been consulted and provided perspective on:
 - i. System stewardship, including but not limited to clinically appropriate indications for testing and health practitioner access to testing
 - ii. Clinical utility including patient management
 - iii. Barriers to patient access
 - iv. Impact of turnaround time on patient care

Along with the parameters above, overall benefits to British Columbia, including the health care system and academic community, will be considered.