

HEMATOLOGY/ONCOLOGY CYTOGENETICS REQUISITION FORM

Patient Information		Reporting Information	
Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> LAST NAME FIRST NAME </div>		Physician: _____ Institution: _____	
Date of Birth: ____/____/____ <div style="display: flex; justify-content: space-around; font-size: x-small;"> MM DD YY </div>		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Date of Collection: ____/____/____ <div style="display: flex; justify-content: space-around; font-size: x-small;"> MM DD YY </div>		Phone: _____ Fax: _____ Email: _____	
Sample Type: <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Bone Biopsy <input type="checkbox"/> Blood <input type="checkbox"/> Lymph Node <input type="checkbox"/> Fresh Tumor <input type="checkbox"/> FFPE Tumor (<input type="checkbox"/> H&E slide provided <input type="checkbox"/> ROI circled) <input type="checkbox"/> Other		Additional Professional Report Recipients	
Medical Records#: _____ Surgical Pathology#: _____		Name: _____ Phone: _____ Fax: _____ Email: _____	
Indication for Study (Please be noted that we request an H&E SLIDE WITH REGION OF INTEREST CIRCLED for all the FFPE FISH STUDIES.)			
Conventional Cytogenetic Tests		Other Hematology FISH Probes (continued)	
<input type="checkbox"/> CBM	Chromosome Analysis, Bone Marrow OR Unstimulated Blood, Cancer Hematological	<input type="checkbox"/> FCINT223	RB1 13q14 deletion/13q34, CLL, MM /PCM /MGUS
<input type="checkbox"/> CLN	Chromosome Analysis, Lymph Node	<input type="checkbox"/> FCINT225	D13S319 13q14.3 deletion/13q34, CLL, MM /PCM /MGUS
<input type="checkbox"/> CTU	Chromosome Analysis, Tumor	<input type="checkbox"/> FCINT06	TP53 17p13.1 deletion /D17Z1 CLL, MM /PCM /MGUS
Hematology FISH Break-apart Probes		<input type="checkbox"/> FCINT236	PTPRT/MYBL2 20q deletion/inversion, MDS,AML
<input type="checkbox"/> FCINT204	BCL6 BA 3q27, B-cell lymphoma	<input type="checkbox"/> FCINT239	CEPX/CEPY, BM TRANSPLANT
<input type="checkbox"/> FCINT211	MYC BA 8q24, B-cell lymphoma	<input type="checkbox"/> FCINT301	Triple Trisomy 5,9,15 , MM /PCM /MGUS
<input type="checkbox"/> FCINT219	CCND1 (CyclinD1) BA 11q13 CLL, ALL, MCL	<input type="checkbox"/> FCINT302	PANEL: D13S319(13q14.3)-LSI 13q34-CEP 12, CLL
<input type="checkbox"/> FCINT215	KMT2A (MLL) BA 11q23 ALL, AML	<input type="checkbox"/> FCINT218	PANEL: ATM (11q22.3)- TP53 (17p13.1), CLL
<input type="checkbox"/> FCINT226	IGH BA 14q32.3, B-cell lymphoma & MM /PCM /MGUS	Solid Tumor FISH Probes	
<input type="checkbox"/> FCINT229	CBFB BA 16q22 inversion, AML M4	<input type="checkbox"/> FCINT202	MYCN 2p23-24, Neuroblastoma
<input type="checkbox"/> FCINT232	RARA BA 17q21 rearrangement, AML M3	<input type="checkbox"/> FCINT401	1p36/1q25 & 19q13/19p13, Glioma
<input type="checkbox"/> FCINT233	BCL2 BA 18q21, B-cell lymphoma	<input type="checkbox"/> FCINT221	DDIT3 BA(CHOP)12q13, Myxoid Liposarcoma
<input type="checkbox"/> FCINT234	MALT1 BA 18q21, B-cell lymphoma	<input type="checkbox"/> FCINT237	EWSR1 BA 22q12, Ewing Sarcoma
Hematology Fusion FISH Probes		<input type="checkbox"/> FCINT222	MDM2, 12q14.3-q15, Sarcomas
<input type="checkbox"/> FCINT205	FGFR3/IGH t(4;14), MM /PCM /MGUS	<input type="checkbox"/> FCINT224	FOXO1 BA(FKHR)13q14, Rhabdomyosarcoma
<input type="checkbox"/> FCINT212	MYC/IGH t(8;14), Burkitt Lymphoma	<input type="checkbox"/> FCINT230	FUS BA, 16p11, LGFMS & MLS
<input type="checkbox"/> FCINT213	RUNX1T1/RUNX1(ETO/AML),t(8:21), AML M2	<input type="checkbox"/> FCINT231	ERBB2(HER2/NEU),17q11.2 <input type="checkbox"/> Breast Cancer IHC results: _____ Fixation Time: _____ hrs Cold Ischemia Time ≤ 1 hr : <input type="checkbox"/> Yes <input type="checkbox"/> No _____ hrs <input type="checkbox"/> Endometrium Ca
<input type="checkbox"/> FCINT214	ABL1/BCR (BCR/ABL) DF, t(9:22), CML,ALL	<input type="checkbox"/> FCINT235	SS18 BA (SYT), 18q11.2, Synovial Sarcoma
<input type="checkbox"/> FCINT216	BIRC3/MALT1 t(11;18), MALT/MZL	<input type="checkbox"/> FCINT238	TFE3 BA, Xp11, Renal Cell Carcinoma
<input type="checkbox"/> FCINT217	CCND1/IGH t(11:14), MCL	<input type="checkbox"/> FCINT203	ALK BA 2p23, ALCL/ Inf. Myofibroblastic / Adenocarcinoma Lung CA
<input type="checkbox"/> FCINT220	ETV6/RUNX1(TEL/AML1),t(12:21), AML	<input type="checkbox"/> FCINT240	ROS1 BA, 6q21.1-22.3, Adenocarcinoma Lung CA
<input type="checkbox"/> FCINT227	IGH/MAF t(14;16). MM /PCM /MGUS	<input type="checkbox"/> FCINT241	MET/D7Z1, 7q31.2, Adenocarcinoma Lung CA
<input type="checkbox"/> FCINT228	IGH/BCL2 t(14;18), Follicular Lymphoma	<input type="checkbox"/> FCINT242	RET BA, 10q11.21, Adenocarcinoma Lung CA
Other Hematology FISH Probes (If ordering a panel, Do NOT order as individual probes)		Molecular Analysis	
<input type="checkbox"/> FCINT201	1q21 gain /8p21 deletion, MM /PCM /MGUS	<input type="checkbox"/> CGH	Microarray Analysis Copy Number & SNP
<input type="checkbox"/> FCINT207	4q12 (FIP1L1/PDGFRA) rearrangement, CEL	<input type="checkbox"/> NGH HS	Oncology 50 Gene Hot Spot SEQUENCING Panel
<input type="checkbox"/> FCINT208	EGR1 5q31 deletion/D5S721-D5S23, AML,MDS	LAB USE ONLY	
<input type="checkbox"/> FCINT01	MYB /D6Z1 6q22-23 deletion, CLL	Genetics # _____ Lab/Specimen# _____	
<input type="checkbox"/> FCINT210	EGFR 7p12 deletion/ D7Z1, MDS, AML	Date/Time received _____	
<input type="checkbox"/> FCINT209	D7S486 7q31 deletion/ D7Z1, MDS, AML		
<input type="checkbox"/> FCINT02	CEP 8 Trisomy 8, MDS, CML, AML		
<input type="checkbox"/> FCINT03	CDKN2A 9p21 deletion/ , / D9Z1 ALL		
<input type="checkbox"/> FCINT04	ATM 11q22.3 deletion, CLL		
<input type="checkbox"/> FCINT05	CEP 12 Trisomy 12, CLL		