

HEMATOLOGY/ONCOLOGY CYTOGENETICS REQUISITION FORM

Patient Information	Reporting Information
Name: _____ <small>LAST NAME FIRST NAME</small>	Physician: _____
Date of Birth: ____/____/____ Sex: <input type="checkbox"/> Female <small>MM DD YY</small> <input type="checkbox"/> Male	Institution: _____
Date of Collection: ____/____/____ <small>MM DD YY</small>	Phone: _____ Fax: _____
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 checked="" type="checkbox"/> Other	Email: _____
Medical Records#: _____	Additional Professional Report Recipients
Surgical Pathology#: _____	Name: _____
Percent Tumor: _____ %	Phone: _____ Fax: _____
	Email: _____

Indication for Study

Conventional Cytogenetic Tests	Other Hematology FISH Probes (continued)
<input type="checkbox"/> CBM Chromosome Analysis, Bone Marrow	<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 CLL, MM /PCM /MGUS
<input type="checkbox"/> CUB Chromosome Analysis, Unstimulated Blood - hematological disorders	<input type="checkbox"/> FCINT236 PTPRT/MYLB2 20q deletion/inversion, MDS,AML
	<input type="checkbox"/> FCINT05 CEP 12 Trisomy 12, CLL
Molecular Analysis	<input type="checkbox"/> FCINT239 CEPX/CEPY, BM TRANSPLANT
<input type="checkbox"/> CGH Microarray Analysis Copy Number & SNP	<input type="checkbox"/> FCINT301 PANEL: TRIPLE TRISOMY 5, 9, 15 MM/PCM/MGUS
<input type="checkbox"/> NGS HS Oncology 50 gene Hot Spot SEQUENCING Panel**	<input type="checkbox"/> FCINT206 PANEL: DOUBLE TRISOMY 4, 10 ALL
Hematology FISH Break-apart Probes	<input type="checkbox"/> FCINT302 PANEL: D13S319 (13q14.3) – LSI 13q34 CEP 12, CLL
<input type="checkbox"/> FCINT204 BCL6 BA 3q27, B-cell lymphoma	<input type="checkbox"/> FCINT218 PANEL: ATM (11q22.3) TP53 (17p13.1), CLL
<input type="checkbox"/> FCINT211 MYC BA 8q24, B-cell lymphoma	Solid Tumor FISH Probes
<input type="checkbox"/> FCINT219 CCND1 (CyclinD1) BA 11q13 CLL, ALL, MCL	<input type="checkbox"/> FCINT202 MYCN 2p23-24, Neuroblastoma
<input type="checkbox"/> FCINT215 KMT2A (MLL) BA 11q23 ALL, AML	<input type="checkbox"/> FCINT401 1p36/1Q25 & 19Q13/19P13, GLIOMA
<input type="checkbox"/> FCINT226 IGH BA 14q32.3, B-cell lymphoma & MM /PCM /MGUS	<input type="checkbox"/> FCINT221 DDIT3-BA(CHOP)12q13, Myxoid Liposarcoma
<input type="checkbox"/> FCINT229 CBF3 BA 16q22 inversion, AML M4	<input type="checkbox"/> FCINT237 EWSR1-BA 22q12, Ewing Sarcoma
<input type="checkbox"/> FCINT232 RARA BA 17q21 rearrangement, AML M3	<input type="checkbox"/> FCINT222 MDM2, 12q14.3-q15, Sarcomas
<input type="checkbox"/> FCINT233 BCL2 BA 18q21, B-cell lymphoma	<input type="checkbox"/> FCINT224 FOXO1-BA(FKHR)13q14, Rhabdomyosarcoma
<input type="checkbox"/> FCINT234 MALT1 BA 18q21, B-cell lymphoma	<input type="checkbox"/> FCINT230 FUS-BA, 16p11, LGFS & MLS
Hematology Fusion FISH Probes	<input type="checkbox"/> FCINT231 ERBB2(HER2/NEU),17q11.2
<input type="checkbox"/> FCINT205 FGFR3/IGH t(4;14), MM /PCM /MGUS	<input type="checkbox"/> Breast Cancer FIXATION TIME:
<input type="checkbox"/> FCINT212 MYC/IGH t(8;14), Burkitt Lymphoma	<input checked="" type="checkbox"/> Gastric Cancer <input type="checkbox"/> Endometrium Ca
<input type="checkbox"/> FCINT213 RUNX1T1/RUNX1(ETO/AML),t(8;21), AML M2	<input type="checkbox"/> FCINT235 SS18-BA (SYT), 18q11.2, Synovial Sarcoma
<input type="checkbox"/> FCINT214 ABL1/BCR (BCR/ABL) df, t(9;22), CML,ALL	<input type="checkbox"/> FCINT238 TFE3-BA, Xp11, Renal Cell Carcinoma
<input type="checkbox"/> FCINT216 BIRC3/MALT1 t(11;18), MALT/MZL	<input type="checkbox"/> FCINT203 ALK0BA 2p23, ALCL/ Inf. Myofibroblastic/ Adenocarcinoma Lung CA
<input type="checkbox"/> FCINT217 CCND1/IGH t(11;14), MCL	<input type="checkbox"/> FCINT240 ROS1 BA, 6q21.1-22.3, Adenocarcinoma Lung CA
<input type="checkbox"/> FCINT220 ETV6/RUNX1(TEL/AML1),t(12;21), AML	<input type="checkbox"/> FCINT241 MET/D7Z1, 7q31.2, Adenocarcinoma Lung CA
<input type="checkbox"/> FCINT227 IGH/MAF t(14;16), MM /PCM /MGUS	<input type="checkbox"/> FCINT242 RET BA, 10q11.21, Adenocarcinoma Lung CA
<input type="checkbox"/> FCINT228 IGH/BCL2 t(14;18), Follicular Lymphoma	Other Tests (please specify)
Other Hematology FISH Probes (If ordering a panel, DO NOT ORDER AS INDIVIDUAL PROBES)	
<input type="checkbox"/> FCINT201 1q21 gain /8p21 deletion, MM /PCM /MGUS	LAB USE ONLY
<input type="checkbox"/> FCINT207 4q12 (FIPL1/PDGFR) rearrangement, CEL	Genetics # _____
<input type="checkbox"/> FCINT208 EGR1 5q31 deletion/D5S721-D5S23, AML,MDS	Lab/Specimen# _____
<input type="checkbox"/> FCINT01 MYB/D6Z1 6q22-23 deletion, CLL	Date/Time received _____
<input type="checkbox"/> FCINT210 EGFR 7p12 deletion/D7Z1, MDS, AML	
<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	

**Please provide 10 FFPE slides and one H&E with area of interest circled