CANCER TEST REQUISITION FORM

Cytogenetic Laboratories
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Patient Laboratory Label

CAP#: 16789-30 CLIA#: 15D0647198

1) PHYSICIAN(S):

Referring Physician:_____
Address:_____
City: _____State: ____ Zip: _____
Phone:_____ Fax:_____

Primary Physician:_____
Phone:_____ Fax:_____

FOR LABORATORY USE ONLY:

Date Received: ____/____/____ Family #: _____
Time Received: _____:_____am/pm Proband: ☐
Received By _____ Not Proband: ☐

BM/DN: ☐ BM/RN: ☐ BM/DA: ☐ BM/RA: ☐ ST: ☐
FISH: ☐ x _____ Probes FISH ONLY: ☐
Handling Charge: ☐ x _____ Handling ONLY: ☐
Lab Comment(s): Vacs: _____ green _____ purple; Other: _____

2) PATIENT INFORMATION:

Patient Name:_____
Last Name *First Name* *Middle Initial*
Address:_____
Street *City* *State* *Zip Code*
Hospital:_____ Medical Record #:_____
Date of Birth: ____/____/____ Sex: ☐ Male ☐ Female **If Post-Transplant, Donor Sex:** ☐ Male ☐ Female ☐ Autologous
Month Day Year
WBC ($X10^3$):_____ Blasts: _____

3) CLINICAL INFORMATION (*DO NOT FREEZE SPECIMENS – ALL SPECIMENS MUST BE LABELED):*

Collection Date: ____/____/____ Collection Time:_____am/pm Collected By: _____
Month Day Year
Referring Diagnosis:_____

4) SPECIMEN INFORMATION and REQUESTED TESTING:

☐ Bone Marrow (***ROOM TEMP***)
☐ Bone Core (***ROOM TEMP***)
☐ Peripheral Blood for Leukemic Studies (***ROOM TEMP***)
☐ Tumor / Type: _____ Site: _____
☐ Biliary Stricture
☐ Urine (Bladder Cancer)

REQUESTED TESTING
☐ Standard Chromosome Analysis (Karyotype) *ONLY*
☐ Chromosome Analysis & Fluorescence In Situ *(Select Probe/Panel below)*
☐ Fluorescence In Situ (FISH) Analysis *ONLY*
☐ Fluorescence In Situ STAT analysis **(t(15;17) PML/RARA probe *ONLY*)**

FISH Panels – Cancer/Oncology:

☐ **FISH ALL Panel – Pediatric (≤18)**: CRLF2, t(1;19), ABL2, 4/10/17cen, PDGFRB, 9p21, ABL1, t(9;22), KMT2A, t(12;21)
☐ **FISH ALL Panel – Adult (>18)**: CRLF2, t(1;19), 4/10/17cen, 9p21, t(9;22), KMT2A, t(12;21) **Ph-like ALL Reflex for t(9;22) neg*
☐ **FISH Ph-like ALL (Adult)**: all ALL Panel probes plus ABL2, PDGFRB, ABL1
☐ **FISH CLL Panel** del(6q), ATM, 12cen, 13q(D13S319, LAMP1), TP53
☐ **FISH MDS Panel**: -5/del(5q), del(7q), 8cen, 11q23 (KMT2A), del(20q) **All in AML Panel Below*
☐ **FISH MPN Panel**: -5/del(5q), del(7q), 8cen, t(9;22), 9q34, del(20q)
☐ **FISH AML Panel**: inv(3), -5/del(5q), t(6;9), del(7q), 8cen, t(8;21), KMT2A, t(15;17), t(16;16), del(20q)
t(15;17) Stat?☐ Yes☐ No
☐ **FISH Lymphoma Panel**: BCL6, MYC, t(14;18), reflex t(8;14) if MYC abnormal
☐ **FISH Plasma Cell Myeloma Panel**: 1q21, 5p/5q, 7q, t(11;14), 13q14.2(RB1)/13q14.3 (D13S319), IGH, 17p13.1 (TP53)

UROVYSION
☐ **FISH UroVysion Panel** (Biliary brushing)
☐ **FISH UroVysion Panel** (Urine)

FISH PET – Cancer/Oncology:

☐FISH-HER2 Breast Cancer
☐FISH-HER2 Gastroesophageal Cancer
☐FISH-HER2 Non-Breast Tissue
☐ FISH-PET Lymphoma Panel: BCL6, MYC, t(14;18), reflex t(8;14) if MYC abnormal

Individual PET probes (each probe reported separately)
☐ FISH-3q27 (BCL6)
☐ FISH t(8;14) (MYC/IGH)
☐ FISH 8q24 (MYC)
☐ FISH-t(14;18) (IGH/BCL2)

FISH Individual Probes – Cancer/Oncology

☐1q21/8p
☐t(1;19) (PBX1/TCF3)
☐1q25.2 (ABL2)
☐2p23.2 (ALK)
☐2p24.1 (MYCN)
☐3q27 (BCL6)
☐inv(3) RPN1/MECOM
☐4q12 (PDGFRA/CHIC2)
☐t(4;14) FGFR3/IGH
☐5q33.2 (PDGFRB)
☐-5/del(5q)
☐t(6;9) (DEK/NUP214)
☐del(6q) (PRDM1, MYB)
☐del(7q)
☐8 Centromere
☐8q24 (MYC)
☐t(8;14) MYC/IGH
☐t(8;21) RUNX1T1/RUNX1
☐9p21 (CDKN2A)
☐9q34.1 (ABL1)
☐t(9;22) BCR/ABL1
☐9q34 (ASS1)
☐t(11;14) CCND1/IGH
☐t(11;18) BIRC3/MALT1
☐11p15.4 (NUP98)
☐11q23 (KMT2A)
☐12 Centromere
☐12p13 (ETV6)
☐t(12;21) ETV6/RUNX1
☐13q14 (FOXO1)
☐13q14 (RB1, D13S319)
☐14q32.3 (IGH)
☐t(14;16) IGH/MAF
☐t(14;18) IGH/BCL2
☐t(15;17) PML/RARA
☐t(16;16) CBFB/MYH11
☐17p13.1 (TP53)
☐17q21.1 (RARA)
☐18q21 (MALT1)
☐del(20q)
☐22q12 (EWSR1)
☐X/Y
☐Xp22.3/Yp11.2 (CRLF2)

5) SPECIMEN SHIPPING/HANDLING INFORMATION

Specimen	Collection	Container(s)	Instructions
Peripheral Blood for cancer analysis	7-10mL whole blood (adults) 2-4mL whole blood (infants)	Dark Green-top sodium heparin tube.	**Keep at room temperature.**
Bone Marrow Aspirate	**0.5 mL minimum** 2 mL preferred for normal WBC ↓ WBC requires more ↑ WBC requires less 1-2 mL preferred	Dark Green-top sodium heparin tube.	**Keep at room temperature.**
Formalin-fixed, Paraffin-Embedded Tissue (PET)	4-micron sections on positively charged, circled/marked slides (2-3 slides are sufficient) Corresponding H&E section with area of tumor marked. **NO DECALCIFIED BONE!**	Slides - **NO BLOCKS**	Copy of Pathology report and patient/hospital billing information MUST BE INCLUDED with slides.
Urine (Bladder Cancer) *For UroVysion Studies ONLY*	≥ 30 mL	50 mL centrifuge tubes or other tightly capped plastic container.	**Keep at room temperature.** Copy of Pathology report and patient/hospital billing information MUST BE INCLUDED.

6) SPECIMEN HANDLING REQUIREMENTS

- Use sterile technique; close all containers tightly.
- **Do not freeze any specimen type.**
- Label all containers and requisition forms with patient name, MRN, date of collection, and physician name.
- **Specimens should be received within 24 hours of collection.**

7) PATIENT BILLING INFORMATION:

☐ Bill Patient's Insurance: Policy #: _____ Group #: _____

Insurance/Managed Care Plan: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Relationship to Insured: ☐ Self ☐ Spouse ☐ Other: _____ Insured's Social Security #: _____

☐ ***OR*** Copy of patient's insurance card attached

☐ Bill Medicare: _____

☐ Bill Medicaid: _____

☐ Bill Patient/Self-Pay*(Please Attach Patient Demographic Sheet)*

☐ Bill Hospital: _____