CANCER TEST REQUISITION FORM



Cytogenetic LaboratoriesIndiana University School of Medicine 975 W. Walnut, IB 350, Indianapolis, IN 46202 317/274-2243 (Office) 317/278-1616 (Fax)

Patient Laboratory Label

CAP#: 16789-30 CLJA#: 15D0647198

1) PHYSICIAN((S):		FOR LABO	<u>RATORY USE ON</u>	VLY:			
Referring Physician:		D ()		/ P 11 "				
Address:		Duite 1	Received: /					
City:	State: Zip:		Received::					
			ved By	Not Proband	d: □			
Phone:	Fax:							
D: D: ::				BM/DA: □ BM/RA:				
Primary Physician:				Probes FISI				
Phone:	Fax:		Handling Charge: □ x	Handling <u>ONLY</u>	<u>Y</u> : □			
		<u>Lab Co</u>	mment(s): Vacs: gree	en purple; Other:				
2) PATIENT INF	EODMATION.							
Patient Name:	Last Name		First Name	1.6	iddle Initial			
A ddragg.			FIRST Name	Mi	iaaie initiai			
Street			City	State	Zip Code			
			•		•			
			_ Medical Record #:_					
Date of Birth:	/ / Sex	: □ Male □ Female	If Post-Transplant, Doi	nor Sex: □ Male □ Fe	emale Autologous			
Mon	th Day Year							
			ts:					
3) CLINICAL IN	FORMATION (D	O NOT FREEZE SPEC	CIMENS – ALL SPECIN	MENS MUST BE LAB	ELED):			
Collection Date:	/	Collection Tim	e:am/pm Co	llected By:				
	Month Day Year							
Referring Diagn	osis:							
4) SPECIMEN I	NFORMATION 21	d REQUESTED T	FESTING.					
4) SPECIMEN INFORMATION and REQUESTED TESTING:								
		iu iii Qoloilla i		1				
☐ Bone Marrow (RO	OOM TEMP)		REQUESTED TESTING		T.Y			
☐ Bone Marrow (RO ☐ Bone Core (ROOM	OOM TEMP) M TEMP)		REQUESTED TESTING ☐ Standard Chromosome	Analysis (Karyotype) <u>ON</u>				
☐ Bone Marrow (<i>RO</i> ☐ Bone Core (<i>ROON</i> ☐ Peripheral Blood f	OOM TEMP) OF Leukemic Studies (RO)	OM TEMP)	REQUESTED TESTING	Analysis (Karyotype) <u>ON</u> & Fluorescence In Situ (S				
☐ Bone Marrow (RO) ☐ Bone Core (ROO) ☐ Peripheral Blood f ☐ Tumor / Type: ☐ Biliary Stricture	OOM TEMP) OT Leukemic Studies (RO	OM TEMP)	REQUESTED TESTING ☐ Standard Chromosome ☐ Chromosome Analysis	Analysis (Karyotype) <u>ON</u> & Fluorescence In Situ <i>(S</i> ISH) Analysis <u>ONLY</u>	elect Probe/Panel below)			
☐ Bone Marrow (RO) ☐ Bone Core (ROO) ☐ Peripheral Blood f ☐ Tumor / Type: ☐ Biliary Stricture ☐ Urine (Bladder Ca	OOM TEMP) A TEMP) for Leukemic Studies (RO) Soncer)	OM TEMP)	REQUESTED TESTING Standard Chromosome Chromosome Analysis Fluorescence In Situ (F.	Analysis (Karyotype) <u>ON</u> & Fluorescence In Situ <i>(S</i> ISH) Analysis <u>ONLY</u>	elect Probe/Panel below)			
☐ Bone Marrow (RO ☐ Bone Core (ROON ☐ Peripheral Blood f ☐ Tumor / Type: ☐ Biliary Stricture ☐ Urine (Bladder Ca FISH Panels – Cance	OOM TEMP) M TEMP) or Leukemic Studies (RO) ser/Oncology:	OM TEMP) ite:	REQUESTED TESTING ☐ Standard Chromosome ☐ Chromosome Analysis ☐ Fluorescence In Situ (F.) ☐ Fluorescence In Situ ST	Analysis (Karyotype) <u>ON</u> & Fluorescence In Situ (S ISH) Analysis <u>ONLY</u> `AT analysis (t(15;17) PN	elect Probe/Panel below)			
☐ Bone Marrow (RO ☐ Bone Core (ROOM) ☐ Peripheral Blood ff ☐ Tumor / Type: ☐ Biliary Stricture ☐ Urine (Bladder Ca: FISH Panels – Cance) ☐ FISH ALL Panel – F	OOM TEMP) **Material TEMP	<i>OM TEMP</i>) ite:	REQUESTED TESTING ☐ Standard Chromosome ☐ Chromosome Analysis ☐ Fluorescence In Situ (F.) ☐ Fluorescence In Situ ST DS Panel: -5/del(5q), del(7q)	Analysis (Karyotype) <u>ON</u> & Fluorescence In Situ (SISH) Analysis <u>ONLY</u> AT analysis (t(15;17) PN	"In Panel: BCL6, MYC,			
☐ Bone Marrow (RO ☐ Bone Core (ROOM) ☐ Peripheral Blood f ☐ Tumor / Type: ☐ Biliary Stricture ☐ Urine (Bladder Ca FISH Panels – Cance) ☐ FISH ALL Panel – F 4/10/17cen, PDGFRB, 9	oom TEMP) TEMP) or Leukemic Studies (RO) ser/Oncology: Pediatric (<18): CRLF2, t(19p21, ABL1, t(9;22), KMT2/	OM TEMP) ite: ;19), ABL2,	REQUESTED TESTING ☐ Standard Chromosome ☐ Chromosome Analysis ☐ Fluorescence In Situ (F.) ☐ Fluorescence In Situ ST DS Panel: -5/del(5q), del(7q) 3 (KMT2A), del(20q) *All in	Analysis (Karyotype) <u>ON</u> & Fluorescence In Situ (SISH) Analysis <u>ONLY</u> (AT analysis (t(15;17) PN) FISH Lymphoma t(14;18), reflex t(8;14)	AL/RARA probe ONLY) Panel: BCL6, MYC, if MYC abnormal			
□ Bone Marrow (RO □ Bone Core (ROON □ Peripheral Blood f □ Tumor / Type: □ Biliary Stricture □ Urine (Bladder Ca: FISH Panels – Cance: □ FISH ALL Panel – F 4/10/17cen, PDGFRB, 9	ncer) Pediatric (<18): CRLF2, t(1;19) Adult (>18): CRLF2, t(1;19)	<i>OM TEMP</i>) ite: ;19), ABL2, □ FISH M 8cen, 11q2 4/10/17cen, AML Pane	REQUESTED TESTING □ Standard Chromosome □ Chromosome Analysis □ Fluorescence In Situ (F. □ Fluorescence In Situ ST DS Panel: -5/del(5q), del(7q) 3 (KMT2A), del(20q) *All in I Below	Analysis (Karyotype) <u>ON</u> & Fluorescence In Situ (SISH) Analysis <u>ONLY</u> (AT analysis (t(15;17) PN) FISH Lymphoma t(14;18), reflex t(8;14)	AL/RARA probe ONLY) Panel: BCL6, MYC, if MYC abnormal Myeloma Panel: 1q21,			
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□ Bone Marrow (RO □ Bone Core (ROON □ Peripheral Blood f □ Tumor / Type: □ □ Biliary Stricture □ Urine (Bladder Ca FISH Panels - Cance) □ FISH ALL Panel - F 4/10/17cen, PDGFRB, 9 □ FISH ALL Panel - A 9p21, t(9;22), KMT2A, neg □ FISH Ph-like ALL ABL2, PDGFRB, ABL □ FISH CLL Panel del LAMP1), TP53 FISH PET - Cancer/ □ FISH-HER2 Breast Ca □ FISH-HER2 Non-Brea	OOM TEMP) A TEMP) or Leukemic Studies (RO) str/Oncology: Pediatric (≤18): CRLF2, t(1) Pp21, ABL1, t(9;22), KMT2/A Adult (>18): CRLF2, t(1;19) t(12;21) *Ph-like ALL Reflex (Adult): all ALL Panel prol 1 ((6q), ATM, 12cen, 13q(D13) Oncology: uncer pphageal Cancer	### OM TEMP ite: ;19), ABL2,	REQUESTED TESTING □ Standard Chromosome □ Chromosome Analysis □ Fluorescence In Situ (F. □ Fluorescence In Situ ST DS Panel: -5/del(5q), del(7q) 3 (KMT2A), del(20q) *All in 1 Below PN Panel: -5/del(5q), del(7q) 2), 9q34, del(20q) ML Panel: inv(3), -5/del(5q), 7q), 8cen, t(8;21), KMT2A, (16;16), del(20q) Stat?□ Yes□ No Individual Panel: BCL6, (14) if MYC □ FISH 18	Analysis (Karyotype) ON & Fluorescence In Situ (SISH) Analysis ONLY AT analysis (t(15;17) PM FISH Lymphoma t(14;18), reflex t(8;14) FISH Plasma Cel 5p/5q, 7q, t(11;14), 1 (D13S319), IGH, 17 UROVYSION FISH UroVysion FISH UroVysion FISH UroVysion AI PET probes (each prob 8q27 (BCL6) (8;14) (MYC/IGH)	AL/RARA probe ONLY) A Panel: BCL6, MYC, 4) if MYC abnormal I Myeloma Panel: 1q21, 3q14.2(RB1)/13q14.3 p13.1 (TP53) Panel (Biliary brushing) Panel (Urine)			
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Peripheral Blood for cancer analysis Bone Marrow Aspirate	7-10mL whole blood (adults) 2-4mL whole blood (infants) 0.5 mL minimum 2 mL preferred for normal WBC	Dark Green-top sodium heparin tube. Dark Green-top sodium heparin	Keep at room temperature. Keep at room temperature.
Bone Marrow Aspirate	2 mL preferred for normal WBC		Keep at room temperature.
	↓ WBC requires more ↑ WBC requires less 1-2 mL preferred	tube.	
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 <u>ONLY</u> *	≥ 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 RI	EQUIREMENTS		
• Use sterile technique; close	all containers tightly.		

• Specimens should be received within 24 hours of collection.

7) PATIENT BILLING INFORMATIO	N:		
☐ Bill Patient's Insurance: Policy #:		Group #:	
Insurance/Managed Care Plan:			
Street Address:			
Relationship to Insured: ☐ Self ☐ Spouse	☐ Other:	Insured's Social Security #: _	
\square <u>OR</u> Copy of patient's insurance card	attached		
☐ Bill Medicare:			
☐ Bill Medicaid:			
☐ Bill Patient/Self-Pay(Please Attach Patie	nt Demographic Sheet)		
☐ Bill Hospital:			