

University of Kentucky Hospital Chandler
 Medical Center Lexington, Kentucky 40536

Cytogenetics Laboratory
 Department of Pathology
 Phone: (859) 257-3736
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PATIENT NAME:

MEDICAL RECORD # :

DATE OF BIRTH:

CYTOGENETICS REQUISITION - ONCOLOGY

Attending Physician	Pager #	Date/Time Specimen Collected:
Requesting Physician	Signature	Date/Time
		Pager #

SPECIMEN (check one):

Deliver to HL423 University of Kentucky Hospital

<p>Bone marrow aspirate in sodium heparin:</p> <p>Adults: 2-3 mL (4-5 mL if Multiple Myeloma FISH Panel** is ordered)</p> <p>Children: 1-3 mL</p>		<p>Lymph node:</p> <p>Minimum: 5 mm x 5 mm x 5 mm</p> <p>Preferred: 10 mm x 10 mm x 10 mm</p>
<p>Peripheral blood for evaluation of leukemia/lymphoma: (may be substituted for bone marrow if peripheral WBC ≥ 15,000 and blasts >10%):</p> <p>All ages: 7-10 mL in sodium heparin</p>		<p>Tumor:</p> <p>Minimum: 10 mm x 10 mm x 10 mm</p>
<p>Formalin-fixed paraffin-embedded tissue (for FISH analysis only)</p> <p>Specimen fixation requirements: 10% Neutral Buffered Formalin 6-72 hours (6-48 hours preferred). No decalcification.</p>		<p>For the above specimens: Sterile Transport Media (RPMI) may be obtained from the Cytogenetics Lab during work hours, call 859-257-3736 and after hours from Lab Central Receiving, call 859-323-5431</p>
		<p>Other (specify):</p>

CLINICAL DIAGNOSIS (REQUIRED) :

TESTING REQUESTED (check all that apply):

	Chromosome analysis only
	Chromosome analysis and FISH – FISH TEST(S) MUST BE SELECTED ON THE REVERSE SIDE. FOR PANELS ALSO SELECT Complete OR Follow up*
	FISH only – FISH TEST(S) MUST BE SELECTED ON THE REVERSE SIDE. FOR PANELS ALSO SELECT Complete OR Follow up*

*Follow up: Only previously abnormal probes from the panel will be performed, except in Multiple Myeloma Follow up/progression.
 ** For Multiple Myeloma FISH Panel (new diagnosis OR follow up/progression) at least 2 mL's of unclotted bone marrow is required to perform the CD138 Cell Sort which isolates plasma cells from the bone marrow and provides an enriched population for FISH testing.

LAB USE ONLY

CG _____

Date/Time received _____

CDM's _____

FISH PANEL(S) REQUESTED: Please select from list below and choose Complete OR Follow up*

*Follow up: Only previously abnormal probes from the panel will be performed, except in Multiple Myeloma Follow up/progression.

Adult B-cell ALL Panel	Complete	Follow up	Lymphoma Panel, Follicular Center Cell	Complete	Follow up
Adult T-cell ALL Panel	Complete	Follow up	Lymphoma Panel-Aggressive B-cell	Complete	Follow up
Adult AML Panel	Complete	Follow up	Lymphoma Panel, Marginal Zone	Complete	Follow up
Burkitt's leukemia/lymphoma Panel	Complete	Follow up	MDS Panel	Complete	Follow up
Pediatric B-cell ALL Panel	Complete	Follow up	MPD/MPN/MPS Panel	Complete	Follow up
Pediatric B-cell ALL (HR-high risk) Panel	Complete	Follow up	MPD/MPN/MPS with eosinophilia Panel	Complete	Follow up
Pediatric T-cell ALL Panel	Complete	Follow up	Multiple Myeloma New Diagnosis Panel Tier 1 with reflex to Tier 2 (Initial Prognosis)		
Pediatric AML Panel	Complete	Follow up			
CLL Panel	Complete	Follow up	Multiple Myeloma Panel (follow up/progression)		

INDIVIDUAL FISH TEST(S) REQUESTED: Please select from list below

ABL1/ASS1/BCR (CML,ALL,AML) t(9;22)	IGH/BCL2 (Follicular Lymphoma) t(14;18)
AP12/MALT1 (Lymphoma) t(11;18)	IGH/MAF (Multiple Myeloma) t(14;16)
BCL2 (Follicular Lymphoma) t(14;18) & variants	IGH/MAFB (Multiple Myeloma) t(14;20)
BCL6 (NHL) t(3q27)	JAK2 (ALL) (9p24 rearrangements)
CBFB/MYH11 (AML) (inv 16), t(16;16)	KMT2A(MLL) (ALL, AML) t(11)(q23)
CCND1/IGH (Mantle Cell Lymphoma, Multiple Myeloma) t(11;14)	MYB (ALL,CLL/SLL,NHL) del 6q
CCND3/IGH (Multiple Myeloma) t(6;14)	MYC (Burkitt, L3 ALL) t(8;14) & variant
CDKN2A(p16)/D9Z1 (ALL) (del 9p)	MYC/IGH (Burkitt lymphoma, L3 ALL) t(8;14)
CRLF2 (Xp22.3 or Yp11.2 rearrangement)	MYC & MYC/IGH (Burkitt lymphoma/L3 ALL) t(8;14) & variants
D4Z1, D10Z1, D17Z1 Hyperdiploidy analysis (B-cell ALL)	NMYC (Neuroblastoma) (NMYC amplification)
D7Z1/D7S486 (MDS,MPD, AML) Monosomy 7/del 7q	PDGFRA/FIP1L1 (CEL,HES) del 4q12, t(4q12)
D5S23,D5S721/EGR1 (MDS,MPD, AML) Monosomy 5/del 5q	PDGFRB (CMML, aCML,CEL,MPD) t(5;12) & variants
D8Z2/D20S108 (MDS,MPD, AML) (trisomy 8/del 20q)	PML/RARA (APL) t(15;17)
D12Z3 (CLL)	P2RY8 (Xp22.3 or Yp11.2 rearrangement)
D13S319/13q34 (del13q/monosomy 13)	RB1 (Retinoblastoma) del 13q
DEK/NUP214 (AML,MDS) t(6;9)	TCF3(E2A) (ALL) t(1;19) & variants
DXZ1/DYZ3 (sex mismatch BMT engraftment monitoring)	TCL1 (T-cell ALL) t(14)(q32)
ETV6/RUNX1 (TEL/AML1) (B-cell ALL) t(12;21)	TP53 (del 17p)
EVI1 (MECOM) (MDS, AML) inv(3), t(3;3) & variants	TRA/D (T-cell ALL) t(14)(q11)
EWSR1 (Ewing's sarcoma, PNET) t(11;22) & variants	TRB (T-cell ALL) t(7)(q34)
FGFR1 (Myeloproliferative syndrome) (del 8p11)	RUNX1T1/RUNX1 (ETO/AML1) (AML) t(8;21)
FGFR3/IGH (Multiple Myeloma) t(4;14)	

FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE FISH TEST(S) REQUESTED: Please select from list below

1p/19q codeletion (brain/glioma)	Lymphoma Panel (BCL6, MYC, BCL2)
ALK rearrangement lung	BCL2 rearrangement lymphoma
EWSR1 rearrangement sarcoma	BCL6 rearrangement lymphoma
HER2 amplification breast and upper gastrointestinal	MYC rearrangement lymphoma
MDM2 amplification sarcoma	
ROS 1 rearrangement lung	

LAB USE ONLY

CGF _____

Date/Time received _____

CDM's _____