

Requisition for Molecular Hematologic Oncology

LAB USE ONLY:

Received Date:

Notes:

SAMPLE COLLECTION:

Date Drawn:

YYYY/MM/DD

EDTA Blood (lavender top, minimum 2ml at room temperature)

EDTA Bone Marrow (lavender top, min. 2ml at room temp)

DNA (min. 100ng at room temperature) Conc:

RNA (min. 100ng on dry ice) Conc:

RNA/DNA (total nucleic acid extraction, min. 100ng on dry ice)

Concentration:

Note: Both RNA and DNA or a total nucleic acid (TNA) extraction must be shipped for the full Myeloid NGS screen. DNA only and RNA only shipments will result in partial screens.

TEST REQUEST:

Myeloid NGS Screen

NGS is recommended for diagnostic specimens. All targeted assays are included in the panel.

Hotspot genes: ABL1, ANKRD26, BRAF, CBL, CSF3R, DDX41, DNMT3A, FLT3, GATA2, HRAS, IDH1, IDH2, JAK2, KIT, KRAS, MPL, MYD88, NPM1, NRAS, PPM1D, PTPN11, SETBP1, SF3B1, SMC1A, SMC3, SRSF2, U2AF1, WT1

Full Genes: ASXL1, BCOR, BCORL1, CALR, CEBPA, CUX1, ETV6, EZH2, IKZF1, NF1, PHF6, PRPF8, RAD21, RB1, RUNX1, SH2B3, STAG2, TERC, TERT, TET2, TP53, ZRSR2

Fusion Driver Genes: ABL1, ALK, BCL2, BRAF, CCND1, CREBBP, EGFR, ETV6, FGFR1, FGFR2, FUS, HMGA2, JAK2, KMT2A (MLL-PTD), MECOM, MET, MLLT10, MLLT3, MYBL1, MYH11, NTRK3, NUP214, NUP98, PDGFRA, PDGFRB, RARA, RBM15, RUNX1, TCF3, TFE3

Targeted Myeloid DNA Assays:

FLT3 D835 TKD & ITD

JAK2 (p.V617F)

NPM1 (p.W288fs*12)

Targeted Myeloid Fusion (RNA) Assays: Utilize for disease monitoring only

BCR::ABL1 p210 t(9;22) fusion (CML)

BCR::ABL1 p190 t(9;22) fusion

CBFB::MYH11 Type A t(16;16) / inv(16) fusion

PML::RARA t(15;17) fusion

bcr1

bcr2

bcr3

Unknown – Diagnostic specimen tested by FISH.

No previous NGS or PCR results available

RUNX1::RUNX1T1 t(8;21) fusion

Lymphoid Assays:

B-Cell Clonality

T-Cell Clonality

Banking:

RNA/DNA Banking

(Total Nucleic Acid extraction)

PATIENT INFORMATION: INCOMPLETE REQUESTS WILL BE BANKED

Name:

Address:

Date of Birth:

YYYY/MM/DD

Health Card No:

Sex: M F Unknown Unspecified

Birthsex: M F Unknown Unspecified

REASON FOR REFERRAL

Acute Leukemia (New Diagnosis - Expedite)

Acute Leukemia (Disease Monitoring)

CML MDS

CMML MPN (PV, ET, MF, Other)

REFERRING PHYSICIAN: Authorized Signature is Required

* Testing is not available to general practitioners and requires hematology specialist referral.

Physician Name (print):

Signature:

Email:

Clinic/Hospital:

Address:

Telephone:

Fax:

CC report to:

Name:

Address:

Telephone:

Fax:

