

Cytogenetics Oncology Requisition

PATIENT INFORMATION

Name:
 Address:
 Date of Birth (yyyy/mm/dd):
 Health Card #:
 Sex: M F Unknown Unspecified
 Birthsex: M F Unknown Unspecified

SPECIMEN SUBMITTED:

Bone Marrow (**Darkgreen - NaHep**)
 Peripheral Blood (**Darkgreen - NaHep**)
 Peripheral Blood (**Purple - EDTA for BMT Testing**)
 FFPE (4um section, +ve charged slides)
 Other:

Collection Information:

PRIORITY: Date:
 Routine Urgent Time:
 Collected by:

INDICATION FOR TESTING

ALL
 AML
 CML
 CLL
 MDS
 Primary
 Secondary
 MPN
 Multiple Myeloma
 Lymphoma
 Solid Tumour
 Other:

TESTING REQUIRED

KARYOTYPE

HAEMATOLOGIC FISH PANELS
ALL - PEDIATRIC
 Panel: CEP 4/AFF1, ABL1-BCR t(9;22), CEP 10, KMT2A
 ETV6-RUNX1 t(12;21)

CLL
 TP53

MULTIPLE MYELOMA
 Panel: 1p/1q, FGFR3-IGH t(4;14), TP53

MYELOID FISH PROBES
 PML - RARA t(15;17)
 ABL1-BCR t(9;22)
 CFBF [inv 16 or t(16;16)]
 RUNX1-RUNX1T1 t(8;21)
 KMT2A (11q23)
 EVI1 [inv 3 or t(3;3)]
 PDGFRA (4q12)
 PDGFRB (5q32)
 Del5q, monosomy5
 Del7q
 del(20q)
 Previously abnormal FISH probe(s) for monitoring patients

Other:

Bone Marrow Transplant Monitoring
 FISH CEPX/ CEPY (available only if chimerism is not suitable)
 Molecular Chimerism
 Trilineage
 Whole Blood

LYMPHOMA FISH PROBES
 Burkitt (MYC 8q34)
 Follicular DLBCL-IGH BCL2 t(14;18)
 NHL (BCL6 3q27)
 Mantle Cell-CCND1-IGH t(11;14)
 Anaplastic LCL (ALK 2p23)
 MALT t(11;18)

SOLID TUMOURS FISH PROBES
 Breast HER2
 Gastric HER2
 Lung cancer (ALK 2p23)
 Ewing Sarcoma (EWSR1 22q12.2)
 Synovial Sarcoma (SS18 18q11.2)
 Rhabdomyosarcoma (FOXO1)
 Liposarcoma (MDM2)
 Brain Tumour
 1p,19q
 EGFR
 CEP10
 CDKN2A
 N-MYC

REPORTS TO:

Ordering Physician:
 Address:
 Phone:
 Fax:
 Physician Signature:

ADDITIONAL COPIES TO:

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