UK HealthCare

PATIENT NAME:

University of Kentucky Hospital Chandler
Medical Center Lexington, Kentucky 40536

Cytogenetics Laboratory
Department of Pathology
Phone: (859) 257-3736
FAX: (859) 257-6838

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***

	Bone marrow aspirate in sodium heparin: Adults: 2-3 mL (4-5 mL if Multiple Myeloma FISH Panel** is ordered) Children: 1-3 mL		**Lymph node:**	Minimum: 5 mm x 5 mm x 5 mm Preferred: 10 mm x 10 mm x 10 mm
	Peripheral blood for evaluation of leukemia/lymphoma: (may be substituted for bone marrow if peripheral WBC ≥ 15,000 and blasts >10%): All ages: 7-10 mL in sodium heparin		**Tumor:**	Minimum: 10 mm x 10 mm x 10 mm
	Formalin-fixed paraffin-embedded tissue (for FISH analysis only) Specimen fixation requirements: 10% Neutral Buffered Formalin 6-72 hours (6-48 hours preferred). No decalcification.		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	
			Other (specify):	

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 specific panel will be performed.*
*** For ANY Multiple Myeloma FISH orders additional specimen is needed, 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.*
For inadequate MM specimens FISH probes will be prioritized over conventional chromosome analysis and probes will be performed in order of risk stratification according to the most recent guideline as per lab policy.

LAB USE ONLY

Lab #_____ 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 specific panel will be performed.**

	Adult AML Panel		Complete		Follow up		Lymphoma Panel, Follicular Center Cell		Complete		Follow up
	Adult B-cell ALL Panel		Complete		Follow up		Lymphoma Panel-Aggressive B-cell		Complete		Follow up
	Adult T-cell ALL Panel		Complete		Follow up		Lymphoma Panel, Marginal Zone		Complete		Follow up
	Burkitt's leukemia/lymphoma Panel		Complete		Follow up		MDS Panel		Complete		Follow up
	CLL Panel		Complete		Follow up		MPD/MPN/MPS Panel		Complete		Follow up
	Pediatric B-cell ALL Panel		Complete		Follow up		MPD/MPN/MPS with eosinophilia Panel		Complete		Follow up
	Pediatric B-cell ALL (HR-high risk) Panel		Complete		Follow up	**For inadequate MM specimens probes will be performed in order of risk stratification according to the most recent guideline as per lab policy.				
	Pediatric T-cell ALL Panel		Complete		Follow up					
	Pediatric AML Panel		Complete		Follow up		**Multiple Myeloma Initial Prognosis Panel (Tier 1 with reflex to Tier 2)			
	Ph-like ALL Panel		Complete		Follow up		**Multiple Myeloma Follow up Panel (Only previously abnormal probes)			

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

	ABL1 (ALL) t(9)(q34.12-q34.13)		IGH (B-ALL, MM, Lymphoma Marginal Zone) (14q32.3 rearrangements)
	ABL2 (ALL) t(1)(q25.2)		IGH/BCL2 (Follicular Lymphoma) t(14;18)
	ABL1/ASS1/BCR (CML,ALL,AML) t(9;22)		IGH/MAF (Multiple Myeloma) t(14;16)
	ATM/TP53 (CLL) (del 11q/del 17p)		IGH/MAFB (Multiple Myeloma) t(14;20)
	BCL6 (NHL) t(3q27)		JAK2 (ALL) (9p24 rearrangements)
	BIRC3/MALT1 (Lymphoma) t(11;18)		KMT2A (ALL, AML) t(11)(q23)
	CBFB (AML) (inv 16), t(16;16)		MECOM (MDS, AML) inv(3), t(3;3) & variants
	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/D9Z1 (ALL) (del 9p)		MYC/IGH (Burkitt lymphoma, L3 ALL) t(8;14)
	CRLF2 (Xp22.3 or Yp11.2 rearrangement)		MYH11/CBFB (AML) (inv 16), t(16;16)
	D4Z1, D10Z1, D17Z1 Hyperdiploidy analysis (B-cell ALL)		NUP98 (AML) (11p15.4 rearrangement)
	D5S23,D5S721/EGR1 (MDS,MPD, AML) Monosomy 5/del 5q		PDGFRA/FIP1L1 (CEL,HES) del 4q12, t(4q12)
	D7Z1/D7S486 (MDS,MPD, AML) Monosomy 7/del 7q		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/D13S319/LAMP1 (CLL) (+12/del 13q/monosomy13)		P2RY8 (Xp22.3 or Yp11.2 rearrangement)
	DEK/NUP214 (AML,MDS) t(6;9)		RB1/LAMP1 (Retinoblastoma) del 13q/monosomy 13
	DXZ1/DYZ3 (sex mismatch BMT engraftment monitoring)		TCF3(E2A) (ALL) t(1;19) & variants
	ETV6/RUNX1 (B-cell ALL) t(12;21)		TCL1 (T-cell ALL) t(14)(q32)
	EWSR1 (Ewing's sarcoma, PNET) t(11;22) & variants		TP53 (del 17p)
	FGFR1 (Myeloproliferative syndrome) (del 8p11)		TRA/D (T-cell ALL) t(14)(q11)
	FGFR3/IGH (Multiple Myeloma) t(4;14)		TRB (T-cell ALL) t(7)(q34)
	FLT3 (ALL, MLNE) del(13q12.2)		RUNX1T1/RUNX1 (AML) t(8;21)

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

	1p/19q codeletion (brain/glioma)		Lymphoma Panel (BCL6, MYC, BCL2)
	EWSR1 rearrangement sarcoma		BCL2 rearrangement lymphoma
	HER2 amplification breast and upper gastrointestinal		BCL6 rearrangement lymphoma
	MDM2 amplification sarcoma		MYC rearrangement lymphoma
	SS18 rearrangement sarcoma		

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