Hayward Genetics Center
Cancer Requisition Form

Deliver specimens to: 1430 Tulane Ave.
Room 5301, New Orleans, LA 70112
PHONE 504-988-2995 FAX 504-988-1763

REPORTS TO:
_____
_____
_____
FAX TO: _____
PHONE# _____
BILLING ADDRESS:
_____
_____

PATIENT LAST NAME _____ FIRST NAME _____

DATE OF BIRTH _____ □ MALE □ FEMALE

PATIENT HOSP/CLINIC# _____

DATE COLLECTED _____

PHYSICIAN _____

DIAGNOSIS / CLINICAL INFORMATION / INDICATION FOR STUDY

HAS THIS PATIENT BEEN STUDIED PREVIOUSLY? □No
□ Diagnostic □Follow-up □Relapse

TRANSPLANT?
□ Yes □No □Sex Mismatch

SPECIMEN TYPE

□Bone marrow (WBC _____)
□Leukemic blood (WBC _____)
□Lymph node
□Solid tumor or tissue (fresh)
□Paraffin-embedded tissue
Fixation time _____
Source of tissue_____
□Other_____

SPECIMEN ACCESSION #_____
BLOCK # (IF APPLICABLE) _____
DATE COLLECTED_____

Chromosome Karyotype

□ YES □ NO

Individual FISH Probes

□ ALK (2p23) □ PDGFRA (4q12)
□ 13q14 (13q14.3) □ PDGFRB (5q32)
□ C-MYC (8q24) □ FGFR1 (8p11.2)
□ EWSR1 (22q12)
□ N-MYC (2p23-p24)
□ MALT1 (18q21)
□ SYT (18q11.2)

OTHER FISH STUDY:
Please specify_____

DNA-based Studies/ Molecular Genetics

□ FLT3 mutation □ JAK2 mutation
□ NPM1 mutation
□ Myeloid Neoplasm Sequencing Panel (**NGS**)
□ Other_____

FISH PANEL

□ ***FOR PREVIOUS/APPLICABLE ABNORMALITIES***

□ **Myeloid Panel**
- □-5/5q-, -7/7q-, +8, KMT2A, 20q-
- □ MPN- Myeloid panel with +9 and +21

□ **Acute Myeloid Leukemia (AML)**
- □ RUNX1T1/RUNX1 t(8;21)
- □ PML/RARA t(15;17)
- □ CBFB inv(16)

□ **Chronic Myelogenous Leukemia (CML)**
- □ BCR/ABL1 t(9;22)

□ **Acute Lymphocytic Leukemia (ALL) Panel (Adult)**
CDKN2A, t(9;22), MLL, t(12;21), IGH

□ **B-cell Lymphoma**
- □ Double-hit lymphoma – MYC, BCL2, BCL6
- □ Burkitt lymphoma – MYC/IGH, MYC
- □ Follicular- IGH/BCL2, BCL2
- □ Mantle cell lymphoma- CCND1, MYEOV/IGH – t(11;14)

□ **Chronic Lymphocytic Leukemia (CLL) Panel**
ATM, +12, 13q14, 11;14, TP53

□ **Multiple Myeloma (MM) Panel**
+9,+11, 13q14, IGH*, TP53, MYC, +1p/1q
(CD138+ Cell Enrichment if possible)
□*If IGH positive, reflex
□t(4;14), □t(14;16), □t(11;14)

□ **XX / XY Sex Mismatch Transplant**

OTHER FISH STUDY:
Please specify_____
_____