



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 INFORMATION		SAMPLE INFORMATION		CLINICAL ORDER INFORMATION
Last Name		Date Collected		Hosp/Clinic:
First Name		Specimen Type	<input type="checkbox"/> Bone marrow (WBC _____) <input type="checkbox"/> Leukemic blood (WBC _____) <input type="checkbox"/> Lymph node <input type="checkbox"/> Solid tumor or tissue (fresh) <input type="checkbox"/> Paraffin-embedded tissue Fixation time _____ Source of Tissue _____ <input type="checkbox"/> Other _____	Ordering Physician:
Date of Birth				Diagnosis/Clinical Info./Indication:
<input type="checkbox"/> Male <input type="checkbox"/> Female				Has This Patient Been Studied Previously? <input type="checkbox"/> Yes <input type="checkbox"/> No
MRN				Purpose of this study: <input type="checkbox"/> Diagnostic <input type="checkbox"/> Follow-up <input type="checkbox"/> Relapse Transplantation Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sex Mismatch

Molecular Genetics and Genomics

Single Gene Tests

- FLT3 (ITD/TKD) mutations NPM1 mutation JAK2 V617F mutation (if negative, reflex to the below Myeloid Neoplasm NGS panel)

HemOnc NGS Panels

Myeloid NGS Panel - (Above FLT3 test should be ordered for FLT3 ITD)

ABL1	ANKRD26	ARID1A	ASXL1	ASXL2	ATM	ATRX	BCOR	BCORL1	BRAF
CALR	CBL	CBLB	CBLC	CCND2	CDKN2A	CDKN2B	CEBPA	CREBBP	CRLF2
CSF3R	CUX1	DDX41	DNMT3A	EP300	ETNK1	ETV6	EZH2	FLT3	GATA1
GATA2	GNAS	HRAS	IDH1	IDH2	IKZF1	JAK1	JAK2	JAK3	KIT
KMT2A	KRAS	MPL	NF1	NPM1	NRAS	PDGFRA	PHF6	PPM1D	PTEN
PTPN11	RAD21	RB1	RUNX1	SETBP1	SF3B1	SH2B3	SMC1A	SMC3	SRP72
SRSF2	STAG2	STAT3	TET2	TP53	U2AF1	WT1	ZRSR2		

Lymphoid NGS Panel

ABL1	ANKRD26	ARID1A	ATM	ATRX	B2M	BCL2	BCL6	BCOR	BCORL1
BIRC3	BRAF	BTX	CARD11	CBLB	CBLC	CCND1	CCND2	CCND3	CD58
CD79A	CD79B	CDKN2A	CDKN2B	CREBBP	CRLF2	CUX1	CXCR4	DDX41	DNMT3A
EP300	ETV6	EZH2	FBXW7	FLT3	FOXO1	GNA13	GNAS	HRAS	ID3
IKZF1	IL7R	JAK1	JAK3	KDM6A	KLF2	KMT2A	KMT2D	KRAS	MAP2K1
MEF2B	MYC	MYD88	NFKB1E	NOTCH1	NOTCH2	NRAS	PAX5	PHF6	PIM1
PLCG2	POT1	PRDM1	PTEN	RB1	RHOA	RUNX1	SETD2	SF3B1	SH2B3
SOCS1	STAT3	STAT5B	STAT6	TCF3	TET2	TNFAIP3	TNFRSF14	TP53	XPO1

Cytogenetics

Chromosome Karyotype

Fluorescent In Situ Hybridization (FISH)

(Instruction: Please Circle the disease-specific FISH panel(s) OR Check individual probe(s) to customize your order)

Myeloid FISH	AML (Favorable-Risk) <input type="checkbox"/> RUNX1T1/RUNX1 t(8;21) <input type="checkbox"/> PML/RARA t(15;17) <input type="checkbox"/> CBFEB/MYH11 inv(16)	MDS <input type="checkbox"/> -5/5q- <input type="checkbox"/> -7/7q- <input type="checkbox"/> +8 <input type="checkbox"/> KMT2A (MLL) <input type="checkbox"/> 20q-	MPN/CML <input type="checkbox"/> +8 <input type="checkbox"/> +9 <input type="checkbox"/> 13q14- <input type="checkbox"/> 20q- <input type="checkbox"/> BCR/ABL1/ASS1 t(9;22)	MPN with Eosinophilia <input type="checkbox"/> FGFR1 <input type="checkbox"/> PDGFRA <input type="checkbox"/> PDGFRB
	AML (High Risk) <input type="checkbox"/> KMT2A (MLL) <input type="checkbox"/> MECOM <input type="checkbox"/> TP53 <input type="checkbox"/> NUP98	MDS (Extended) <input type="checkbox"/> MECOM <input type="checkbox"/> ETV6 <input type="checkbox"/> TP53		
Lymphoid FISH	ALL (Pediatrics) <input type="checkbox"/> BCR/ABL1/ASS1 t(9;22) <input type="checkbox"/> +4 <input type="checkbox"/> +10 <input type="checkbox"/> KMT2A (MLL) <input type="checkbox"/> CDKN2A (p16) <input type="checkbox"/> ETV6/RUNX1 t(12;21) <input type="checkbox"/> IGH <input type="checkbox"/> 21q	ALL (Adult) <input type="checkbox"/> BCR/ABL1/ASS1 t(9;22) <input type="checkbox"/> +4 <input type="checkbox"/> +10 <input type="checkbox"/> KMT2A (MLL) <input type="checkbox"/> IGH <input type="checkbox"/> MYC	Multiple Myeloma <input type="checkbox"/> 1p/q <input type="checkbox"/> +9 <input type="checkbox"/> +11 <input type="checkbox"/> MYC <input type="checkbox"/> Monosomy 13/13q14- <input type="checkbox"/> TP53 (17p-) <input type="checkbox"/> IGH (**if IGH positive, reflex) <input type="checkbox"/> FGFR3/IGH t(4;14) <input type="checkbox"/> CCND1/IGH t(11;14) <input type="checkbox"/> IGH/MAF t(14;16)	High-Grade/Large B Cell Lymphoma <input type="checkbox"/> BCL6 <input type="checkbox"/> BCL2 <input type="checkbox"/> MYC <input type="checkbox"/> MYC/IGH t(8;14)
	ALL High Risk (Pediatrics) <input type="checkbox"/> ABL1 <input type="checkbox"/> ABL2 <input type="checkbox"/> PDGFRB	CLL <input type="checkbox"/> ATM (11q-) <input type="checkbox"/> +12 <input type="checkbox"/> 13q14- <input type="checkbox"/> CCND1/IGH t(11;14) <input type="checkbox"/> TP53 (17p-)	T-Cell Lymphoma <input type="checkbox"/> IGH <input type="checkbox"/> ALK <input type="checkbox"/> +8 <input type="checkbox"/> TCRA/D	Lymphoma Neoplasm <input type="checkbox"/> MYC/IGH t(8;14) (Burkitt Lymphoma) <input type="checkbox"/> IGH/BCL2 t(14;18) (Follicular Lymphoma) <input type="checkbox"/> CCND1/IGH t(11;14) (Mantle Cell Lymphoma) <input type="checkbox"/> MALT1 (MALT Lymphoma) <input type="checkbox"/> ALK (Anaplastic Large Cell Lymphoma)