

Hayward Genetics Center

Requisition Form

Deliver Specimens To:

1430 Tulane Ave. Room 5301

New Orleans, LA 70112

PHONE 504-988-5101 FAX 504-988-1763

Biochemical Genetics beeper 504-501-6011



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"/> Peripheral Blood <input type="checkbox"/> Products of Conception <input type="checkbox"/> Amniotic Fluid <input type="checkbox"/> Bone marrow (WBC _____) <input type="checkbox"/> Leukemic blood (WBC _____) <input type="checkbox"/> Lymph node <input type="checkbox"/> Tissue (fresh) <input type="checkbox"/> Paraffin-embedded tissue <input type="checkbox"/> Other _____	Ordering Physician:
Date of Birth				Diagnosis/Clinical Info./Indication:
<input type="checkbox"/> Male <input type="checkbox"/> Female				
MRN				

Molecular Genetics

Disease-Specific Tests

- Chromosomal Microarray (aCGH+SNP) Fragile X Syndrome Prader-Willi/Angelman Syndrome (Methylation PCR)

HemeOnc Tests

- JAK2 V617F mutation

- Myeloid NGS Panel

- Lymphoid NGS Panel

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		

ABL1	ANKRD26	ARID1A	ATM	ATRX	B2M	BCL2	BCL6	BCOR	BCORL1
BIRC3	BRAF	BTK	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	NFKBIE	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

Prenatal Studies

- *Gestational Age _____ wks
by LMP Ultrasound
 FISH for Aneuploidy (chr 13, 18, 21, X, Y)
 Chromosome analysis
 Other:

Peripheral Blood Studies

- Routine chromosome analysis
 High resolution chromosome analysis

Fluorescence In Situ Hybridization (Fish)

- | Syndrome | Structural Aberration |
|--|-----------------------|
| <input type="checkbox"/> Cri-du-chat | del(5)(p15) |
| <input type="checkbox"/> DiGeorge | del(22)(q11.2) |
| <input type="checkbox"/> Prader-Willi/Angelman | del(15)(q11-q13) |
| <input type="checkbox"/> Smith-Magenis | del(17)(p11.2) |
| <input type="checkbox"/> Williams | del(7)(q11.23) |

Other FISH study: _____

Biochemical Genetics

Quantitative Amino Acids

- Plasma Urine CSF

Organic Acids

- Urine Organic acids (GC/MS)