Cytogenetics
Room 5301,
Deliver specimens to: 1430 Tulane Ave.
Cancer Requisition Form
Hayward Genetics Center
New Orleans, LA 70112
PH: 504-988-2995  FAX 504-988-1763
Cytogenetics beeper: 504-501-6096

REPORTS TO:

FAX TO:

PHONE#

BILLING ADDRESS:

DIAGNOSIS / CLINICAL INFORMATION / INDICATION FOR STUDY

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

TRANSPLANT?
☐ Yes  ☐ No  ☐ Sex Mismatch

FISH PANELS

☐ FOR PREVIOUS/APPLICABLE ABNORMALITIES

☐ Myeloid Panel
+8, -5/5q-, -7/7q-, MLL, 20q-

Acute Myeloid Leukemia (AML):
□ (t(8;21)★
□ PML/RARA★
□ CBFB★

□ Reflex testing for AML: *if positive reflex to c-KIT;
If negative reflex to NPM1, FLT3, CEBPA

□ Chronic Myelogenous Leukemia (CML) - t(9;22)

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

□ Acute Lymphocytic Leukemia (ALL) Panel – Pediatric
+14/+17, 9p, t(9;22), MLL, t(12;21)

B-cell lymphoma:
□ Double-hit lymphoma – C-MYC, IGH/BCL2, BCL6
□ Burkitt lymphoma – MYC/IGH, MYC
□ Follicular IGH/BCL2 – t(14;18)
□ Mantle cell lymphoma CCND1/IGH – t(11;14)

□ Chronic Lymphocytic Leukemia (CLL) Panel
ATM, +12, 13q14, IGH, p53

□ Multiple Myeloma (MM) Panel
+9, 13q14, IGH*, +15, TP53, MYC, +1p/1q
(CD138+ Cell Enrichment if possible)
□ *If IGH positive, reflex
□ (t(4;14), (t(14;16), (t(IGH;CCND1)

□ XX / XY Sex Mismatch Transplant

OTHER FISH STUDY:

Please specify__________________________________________________________

DNA-BASED STUDIES / MOLECULAR GENETICS

☐ FLT3 mutation  ☐ CEBPA mutation
☐ JAK2 mutation  ☐ AML panel (FLT3, NPM1, CEBPA)
☐ NPM1  ☐ c-KIT mutation

OTHER FISH STUDY:

Please specify__________________________________________________________