

Hayward Genetics Center Cancer Requisition Form

Deliver specimens to: 1430 Tulane Ave.
Room 5301, New Orleans, LA 70112
PHONE 504-988-5101 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 _____

FISH PANELS

FOR PREVIOUS/APPLICABLE ABNORMALITIES

- Myeloid Panel
 -5/5q-, -7/7q-, 8cen/MYC, KMT2A, 20q-
 MPN- Myeloid panel with 9cen and RUNX1
- Acute Myeloid Leukemia (AML):
 RUNX1T1/RUNX1 t(8;21)*
 PML/RARA t(15;17)*
 CBFB inv(16)*
- Reflex mol 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
CDKN2A, t(9;22), MLL, t(12;21), IGH
- Acute Lymphocytic Leukemia (ALL) Panel – Pediatric
+14/+17, CDKN2A, t(9;22), MLL, t(12;21)
- B-cell lymphoma:**
 Double-hit lymphoma – MYC, IGH/BCL2, BCL6, MYC/IGH
 Burkitt lymphoma – MYC/IGH, MYC
 Follicular IGH/BCL2 – t(14;18)
 Mantle cell lymphoma- CCND1, MYEOV/IGH – t(11;14)
- Chronic Lymphocytic Leukemia (CLL) Panel
ATM, +12, 13q14, 11;14, TP53

CHROMOSOME ANALYSIS / KARYOTYPE

YES NO

INDIVIDUAL FISH PROBES

- | | | | |
|-------------------------------------|----------|---------------------------------|--------|
| <input type="checkbox"/> ALK | 2p23 | <input type="checkbox"/> PDGFRA | 4q12 |
| <input type="checkbox"/> 13q14 | 13q14.3 | <input type="checkbox"/> PDGFRB | 5q32 |
| <input type="checkbox"/> C-MYC | 8q24 | <input type="checkbox"/> FGFR1 | 8p11.2 |
| <input type="checkbox"/> EWSR1/FLI1 | t(11;22) | | |
| <input type="checkbox"/> N-MYC | 2p23-p24 | | |
| <input type="checkbox"/> MALT1 | 18q21 | | |
| <input type="checkbox"/> SYT | 18q11.2 | | |

OTHER FISH STUDY:

Please specify _____

DNA-BASED STUDIES / MOLECULAR GENETICS

- FLT3 mutation CEBPA mutation
 JAK2 mutation c-KIT mutation
 NPM1 mutation
- AML panel (FLT3, NPM1, CEBPA)
 Myeloid Neoplasm Sequencing Panel
 Other

- 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(11;14)

XX / XY Sex Mismatch Transplant

OTHER FISH STUDY:

Please specify _____