Molecular Cytogenetics Cancer Studies Requisition

Royal Columbian Hospital
Molecular Cytogenetics Laboratory Rm. B180
330 East Columbia Street, New Westminster, BC, V3L 3W7
Tel: (604) 520-4484 Fax: (604) 520-4149

Laboratory Use Only
Accessioning Number
Received Date

Patient Information

Last Name	First Name
Date of Birth (DD/MM/YY)	PHN
Gender: M ☐ F ☐	Patient Telephone #
Patient Address	

Physician Information

Ordering Physician (Name and Billing #)

Additional Reports to: (Name and Billing #)

Note: All Non-Canadian Residents must submit a signed and witnessed FHA waiver form. Please attach waiver to the lab requisition.
Further Collection and Waiver Form: Molecular Cytogenetics Specimen Collection and Submission

Diagnosis and Clinical History

Please Specify:

Previous Cytogenetic Analysis: Yes ☐ No ☐ Cytogenetics Laboratory and Accessioning # ___________________________

Peripheral Blood: (Note: Blood may be processed for Karyotype if circulating blasts are >10%)

CLL	☐ Stimulated Karyotype and FISH (MYB, ATM, CEN 12, 13q14.2, IGH, TP53) – 3 mL in Sodium Heparin to RCH
	☐ IGHV Mutational Status Test – 2 X 5 mL in EDTA, sent to VGH
CML	☐ Diagnostic FISH: BCR/ABL1 t(9;22) – 3 mL in Sodium Heparin to RCH
	☐ MRD Baseline ☐ MRD Monitor ☐ Kinase Domain – 4 X 6 mL in EDTA, sent to BC Cancer
APL	☐ Diagnostic FISH: PML/RARA t(15;17) – 3 mL in Sodium Heparin to RCH
	☐ MRD Baseline ☐ MRD Monitor – 4 X 6 mL in EDTA, sent to BC Cancer
Eosinophilia	☐ Diagnostic FISH: FIP1L1/CHIC2/PDGFRA, PDGFRB, FGFR1, JAK2 – 3 mL in Sodium Heparin to RCH

Bone Marrow: This procedure requires pre-booking with the Hematology Department of the collecting hospital

Collection Criteria: **2 X 2-4 mL bone marrow in transport media** (available from RCH Molecular Cytogenetics Laboratory)

Procuring Physician:______________________________ Collection Date:______________________

Acute Myeloid Leukemia (AML) Other, specify	☐ Karyotype FISH (specify): ☐ RUNX1/RUNX1T1 t(8;21) ☐ CBFB rearrangement inv(16) ☐ BCR/ABL1 t(9;22) ______________________	Chronic Lymphocytic Leukemia (CLL)	☐ Stimulated Karyotype ☐ FISH: MYB, ATM, CEN 12, 13q14.2, IGH, TP53
Acute Promyelocitic Leukemia (APL)	☐ Karyotype ☐ FISH: PML/RARA t(15;17)	Lymphoma Burkitt DLBC / Double Hit / Triple Hit Mantle Cell Follicular	☐ Karyotype FISH (Specify): ☐ MYC, MYC/IGH ☐ MYC, MYC/IGH, IGH/BCL2, BCL6 ☐ CCND1/IGH t(11:14) ☐ IGH/BCL2 t(14;18)
Acute Lymphoblastic Leukemia (ALL) Other, specify	☐ Karyotype ☐ FISH: BCR/ABL1 t(9;22) __________________________	Lymphoid and Myeloid Neoplasm with Eosinophilia	☐ Karyotype ☐ FISH: FIP1L1/CHIC2/PDGFRA
Chronic Myelogenous Leukemia (CML) ☐ Myeloproliferative Neoplasm ☐	☐ Karyotype ☐ FISH: BCR/ABL1 t(9;22)	Multiple Myeloma (Bone Marrow only)	☐ Karyotype ☐ FISH: CDKN2C/CKS1B (1p/1q), TP53, FGFR3/IGH, CCND1/IGH, IGH/MAF
		Myelodysplastic Syndrome	☐ Karyotype

Ordering Physician Signature (Required) Date (DD/MM/YY)