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

Patient Information		Physician Information
Patient Name Last First		Ordering Physician (Name and Billing #)
Date of Birth (DD/MM/YYYY)	PHN	Additional Reports to (Name and Billing #)
Sex: □ M □ F	Patient Phone#	
Patient Address		

Note: All Non-Canadian Residents must submit a signed and witnessed FHA waiver form. Please attach waiver to the lab requsition.

Further Collection and Waiver Form: Molecular Cytogenetics Specimen Collection and Submission

Diagnosis and Clinical History

Please specify:

Previous Cytogenetic Analysis: □ Yes □ No Cytogenetics Accession #_____

Specimen Type: Peripheral Blood (minimum 3 mL in Sodium Heparin)

Test: □ CLL stimulated Karyotype and FISH panel (MYB, ATM, CEN 12, 13q14.3, IGH, TP53)

□ CML BCR/ABL1 t(9;22): □ **Diagnostic** □ **MRD Baseline** □ **MRD Monitor** □ **Kinase Domain**

□ APL PML/RARA t(15;17): □ **Diagnostic** □ **MRD Baseline** □ **MRD Monitor**

MRD Baseline, Monitor and Kinase Domain tests require **4 x 6 mL in EDTA**, send to BCCA Cancer Genetics Laboratory

Specimen Type: Bone Marrow

Prebook the Bone Marrow procedure with the Hematology Department of the collecting Hospital.

Collection Criteria: **2 x 2- 4 mL Bone Marrow in Transport Media** (available from the RCH Molecular Cytogenetics Laboratory)

Procuring Physician:_____ Collection date:_____

	Cytogenetics/FISH
Acute Myeloid Leukemia	□ Karyotype □ FISH (specify): □ PML/RARA t(15;17) □ AML1/ETO t(8;21) □ CBFB rearrangement inv(16) □ BCR/ABL1 t(9;22)
Acute Promyelocytic Leukemia	□ Karyotype □ FISH: PML/RARA t(15;17)
Chronic Myelogenous Leukemia	□ Karyotype □ FISH: BCR/ABL1 t(9;22)
Myelodysplastic Syndrome	□ Karyotype □ MDS FISH Panel: EGR1, CSF1R, RELN,CEP 8
Myeloproliferative Neoplasm	□ Karyotype □ FISH: BCR/ABL1 t(9;22)

	Cytogenetics/FISH
Acute Lymphoblastic Leukemia	□ Karyotype □ FISH: BCR/ABL1 t(9;22)
Chronic Lymphocytic Leukemia	□ Karyotype □ CLL FISH Panel: MYB, ATM, CEN 12, 13q14.3, IGH, TP53
Lymphoma	□ Karyotype FISH (specify): Burkitt □ MYC DLBC/Double hit/Triple hit □ MYC, IGH/BCL2 t(14;18)/ BCL6 Mantle Cell □ CCND1/IGH t(11;14) Other (Specify): _____
Lymphoid and Myeloid Neoplasm with Eosinophilia	□ Karyotype □ Eosinophilia FISH Panel: FIP1L1/CHIC2/PDGFRA, PDGFRB, FGFR1
Multiple Myeloma	□ Karyotype □ MM FISH Panel

Ordering Physician Signature (Required) **Date (DD/MM/YYYY)**

Lab Use Only: Date Received:_____ Specimen Received:_____