



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: <input type="checkbox"/> M <input type="checkbox"/> 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 requisition.

Further Collection and Waiver Form: [Molecular Cytogenetics Specimen Collection and Submission](#)

Diagnosis and Clinical History
Please specify:
Previous Cytogenetic Analysis: <input type="checkbox"/> Yes <input type="checkbox"/> No Cytogenetics Accession # _____

Specimen Type: Peripheral Blood
CLL <input type="checkbox"/> stimulated Karyotype and FISH: MYB, ATM, CEN 12, 13q14.3, IGH, TP53 - 3 mL in Sodium Heparin to RCH
CML <input type="checkbox"/> Diagnostic FISH: BCR/ABL1 t(9;22) - 3 mL in Sodium Heparin to RCH <input type="checkbox"/> MRD Baseline <input type="checkbox"/> MRD Monitor <input type="checkbox"/> Kinase Domain - 4 x 6 mL in EDTA, to BCCA Cancer Genetics Laboratory
APL <input type="checkbox"/> Diagnostic FISH: PML/RARA t(15;17) - 3 mL in Sodium Heparin to RCH <input type="checkbox"/> MRD Baseline <input type="checkbox"/> MRD Monitor - 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 RCH Molecular Cytogenetics Laboratory)

Procuring Physician:	Collection date: _____																				
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px;">Acute Myeloid Leukemia</td> <td style="padding: 5px;"> <input type="checkbox"/> Karyotype <input type="checkbox"/> FISH (specify): <input type="checkbox"/> PML/RARA t(15;17) <input type="checkbox"/> AML1/ETO t(8;21) <input type="checkbox"/> CBFB rearrangement inv(16) <input type="checkbox"/> BCR/ABL1 t(9;22) </td> </tr> <tr> <td style="padding: 5px;">Acute Promyelocytic Leukemia</td> <td style="padding: 5px;"> <input type="checkbox"/> Karyotype <input type="checkbox"/> FISH: PML/RARA t(15;17) </td> </tr> <tr> <td style="padding: 5px;">Chronic Myelogenous Leukemia</td> <td style="padding: 5px;"> <input type="checkbox"/> Karyotype <input type="checkbox"/> FISH: BCR/ABL1 t(9;22) </td> </tr> <tr> <td style="padding: 5px;">Myelodysplastic Syndrome</td> <td style="padding: 5px;"> <input type="checkbox"/> Karyotype <input type="checkbox"/> MDS FISH Panel: EGR1, CSF1R, RELN, CEP 8 </td> </tr> <tr> <td style="padding: 5px;">Myeloproliferative Neoplasm</td> <td style="padding: 5px;"> <input type="checkbox"/> Karyotype <input type="checkbox"/> FISH: BCR/ABL1 t(9;22) </td> </tr> </table>	Acute Myeloid Leukemia	<input type="checkbox"/> Karyotype <input type="checkbox"/> FISH (specify): <input type="checkbox"/> PML/RARA t(15;17) <input type="checkbox"/> AML1/ETO t(8;21) <input type="checkbox"/> CBFB rearrangement inv(16) <input type="checkbox"/> BCR/ABL1 t(9;22)	Acute Promyelocytic Leukemia	<input type="checkbox"/> Karyotype <input type="checkbox"/> FISH: PML/RARA t(15;17)	Chronic Myelogenous Leukemia	<input type="checkbox"/> Karyotype <input type="checkbox"/> FISH: BCR/ABL1 t(9;22)	Myelodysplastic Syndrome	<input type="checkbox"/> Karyotype <input type="checkbox"/> MDS FISH Panel: EGR1, CSF1R, RELN, CEP 8	Myeloproliferative Neoplasm	<input type="checkbox"/> Karyotype <input type="checkbox"/> FISH: BCR/ABL1 t(9;22)	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px;">Acute Lymphoblastic Leukemia</td> <td style="padding: 5px;"> <input type="checkbox"/> Karyotype <input type="checkbox"/> FISH: BCR/ABL1 t(9;22) </td> </tr> <tr> <td style="padding: 5px;">Chronic Lymphocytic Leukemia</td> <td style="padding: 5px;"> <input type="checkbox"/> Karyotype <input type="checkbox"/> CLL FISH Panel: MYB, ATM, CEN 12, 13q14.3, IGH, TP53 </td> </tr> <tr> <td style="padding: 5px;">Lymphoma</td> <td style="padding: 5px;"> <input type="checkbox"/> Karyotype <input type="checkbox"/> FISH (specify): <input type="checkbox"/> MYC <input type="checkbox"/> MYC, IGH/BCL2 t(14;18)/ BCL6 <input type="checkbox"/> CCND1/IGH t(11;14) Burkitt DLBC/Double hit/Triple hit Mantle Cell Other (Specify): _____ </td> </tr> <tr> <td style="padding: 5px;">Lymphoid and Myeloid Neoplasm with Eosinophilia</td> <td style="padding: 5px;"> <input type="checkbox"/> Karyotype <input type="checkbox"/> Eosinophilia FISH Panel: FIP1L1/CHIC2/PDGFR, PDGFRB, FGFR1 </td> </tr> <tr> <td style="padding: 5px;">Multiple Myeloma</td> <td style="padding: 5px;"> <input type="checkbox"/> Karyotype <input type="checkbox"/> MM FISH Panel </td> </tr> </table>	Acute Lymphoblastic Leukemia	<input type="checkbox"/> Karyotype <input type="checkbox"/> FISH: BCR/ABL1 t(9;22)	Chronic Lymphocytic Leukemia	<input type="checkbox"/> Karyotype <input type="checkbox"/> CLL FISH Panel: MYB, ATM, CEN 12, 13q14.3, IGH, TP53	Lymphoma	<input type="checkbox"/> Karyotype <input type="checkbox"/> FISH (specify): <input type="checkbox"/> MYC <input type="checkbox"/> MYC, IGH/BCL2 t(14;18)/ BCL6 <input type="checkbox"/> CCND1/IGH t(11;14) Burkitt DLBC/Double hit/Triple hit Mantle Cell Other (Specify): _____	Lymphoid and Myeloid Neoplasm with Eosinophilia	<input type="checkbox"/> Karyotype <input type="checkbox"/> Eosinophilia FISH Panel: FIP1L1/CHIC2/PDGFR, PDGFRB, FGFR1	Multiple Myeloma	<input type="checkbox"/> Karyotype <input type="checkbox"/> MM FISH Panel
Acute Myeloid Leukemia	<input type="checkbox"/> Karyotype <input type="checkbox"/> FISH (specify): <input type="checkbox"/> PML/RARA t(15;17) <input type="checkbox"/> AML1/ETO t(8;21) <input type="checkbox"/> CBFB rearrangement inv(16) <input type="checkbox"/> BCR/ABL1 t(9;22)																				
Acute Promyelocytic Leukemia	<input type="checkbox"/> Karyotype <input type="checkbox"/> FISH: PML/RARA t(15;17)																				
Chronic Myelogenous Leukemia	<input type="checkbox"/> Karyotype <input type="checkbox"/> FISH: BCR/ABL1 t(9;22)																				
Myelodysplastic Syndrome	<input type="checkbox"/> Karyotype <input type="checkbox"/> MDS FISH Panel: EGR1, CSF1R, RELN, CEP 8																				
Myeloproliferative Neoplasm	<input type="checkbox"/> Karyotype <input type="checkbox"/> FISH: BCR/ABL1 t(9;22)																				
Acute Lymphoblastic Leukemia	<input type="checkbox"/> Karyotype <input type="checkbox"/> FISH: BCR/ABL1 t(9;22)																				
Chronic Lymphocytic Leukemia	<input type="checkbox"/> Karyotype <input type="checkbox"/> CLL FISH Panel: MYB, ATM, CEN 12, 13q14.3, IGH, TP53																				
Lymphoma	<input type="checkbox"/> Karyotype <input type="checkbox"/> FISH (specify): <input type="checkbox"/> MYC <input type="checkbox"/> MYC, IGH/BCL2 t(14;18)/ BCL6 <input type="checkbox"/> CCND1/IGH t(11;14) Burkitt DLBC/Double hit/Triple hit Mantle Cell Other (Specify): _____																				
Lymphoid and Myeloid Neoplasm with Eosinophilia	<input type="checkbox"/> Karyotype <input type="checkbox"/> Eosinophilia FISH Panel: FIP1L1/CHIC2/PDGFR, PDGFRB, FGFR1																				
Multiple Myeloma	<input type="checkbox"/> Karyotype <input type="checkbox"/> MM FISH Panel																				

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

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