

Patient Sticker Here

REFERRING PHYSICIAN/FACILITY/CLINICAL INFO	PATIENT AND BILLING INFORMATION
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Physician Name _____ NPI _____ Phone(____) _____ Fax (____) _____ Genetic Counselor _____ Phone(____) _____ Clinic/Hospital _____ Phone(____) _____ Fax (____) _____ Reason for Study _____ Date Specimen Collected _____ <b>WBC</b> _____	Patient Name (last,first,m.) _____ Parent Name (if patient is a minor) _____ DOB _____ SSN _____ MRN _____ <b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous <input type="checkbox"/> Unknown <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient Ethnicity of patient (check all that apply) <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/NW European <input type="checkbox"/> E. Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Jewish-Ashkenazi <input type="checkbox"/> Jewish-Sephardic <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other _____ Patient's Address _____ City _____ State _____ Zip Code _____
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**SPECIMEN TYPES for Chromosome and/or FISH Analysis ( See Page 2 for Collection Requirements)**

Bone Marrow   
  Leukemic Blood/Peripheral Blood for neoplastic study   
  Solid Tumor   
  Unstained Slides (FISH testing only)

**Chromosome and/or FISH Analysis**

**Karyotype** (routine chromosome analysis)   
  **Karyotype and FISH** Select a FISH probe below   
  **FISH only** Select a FISH probe below

<p><b><u>Acute Myeloid Leukemia (AML) panel</u></b></p> <input type="checkbox"/> ETO/AML1 t(8;21)(q22;q22) M2 <input type="checkbox"/> PML/RARA t(15;17)(q22;q21.2) M3 <input type="checkbox"/> CBFbeta inv(16); t(16;16) M4 <input type="checkbox"/> cen8/c-MYC trisomy 8 M0-M7 <input type="checkbox"/> MLL 11q23 rearrangement <input type="checkbox"/> AF9/MLL t(9;11)(p22;q23) <input type="checkbox"/> AF6/MLL t(6;11)(q27;q23) <input type="checkbox"/> MLL/ENL t(11;19)(q23;p13.3) <input type="checkbox"/> DEK/CAN t(6;9)(p23;q34)	<p><b><u>Chronic Lymphocytic Leukemia (CLL) panel</u></b></p> <input type="checkbox"/> MYB/6cen -6/del(6q) <input type="checkbox"/> ATM/CEP11 -11/del(11q) <input type="checkbox"/> MDM2/CEP12 trisomy 12 <input type="checkbox"/> D13S319/LAMP1 -13/del(13q) <input type="checkbox"/> TP53/CEP17 -17/del(17p) <input type="checkbox"/> CCND1/IGHG1 t(11;14) <input type="checkbox"/> IGHG1/BCL2 t(14;18)	<p><b><u>Eosinophilia panel</u></b></p> <input type="checkbox"/> FIPIL1/PDGFR4 4q12 rearrangement <input type="checkbox"/> PDGFRB 5q33 rearrangement <input type="checkbox"/> FGFR1/CEP8 8p12 rearrangement <input type="checkbox"/> CFBF inv(16)/t(16;16)
<p><b><u>B-cell Acute Lymphoblastic Leukemia (ALL) panel</u></b></p> <input type="checkbox"/> TEL/AML1 t(12;21)(p13;q11.2) <input type="checkbox"/> BCR/ABL t(9;22)(q34;q11.2) <input type="checkbox"/> PBX1/TCF3 t(1;19)(q23;p13.2) <input type="checkbox"/> p16(CDKN2A)/CEP9 del(9p) <input type="checkbox"/> CEP4/CEP10 <input type="checkbox"/> MLL 11q23 rearrangement <input type="checkbox"/> AF4/MLL t(4;11)(q21;q23) <input type="checkbox"/> MLL/ENL t(11;19)(q23;p13.3)	<p><b><u>Myelodysplastic syndrome (MDS) panel</u></b></p> <input type="checkbox"/> EGR1/D5S721 -5/del(5q) <input type="checkbox"/> CEP7D7S486 -7/del(7q) <input type="checkbox"/> CEP8 trisomy 8 <input type="checkbox"/> D13S319/LAMP1 -13/del(13q) <input type="checkbox"/> D20S108 -20/del(20q) <input type="checkbox"/> EVI1 inv(3)/t(3;3)	<p><b><u>UroVysion panel</u></b></p> <input type="checkbox"/> CEP3/CEP7/CEP17 <input type="checkbox"/> CDKN2A p16 9p21 deletion
<p><b><u>T-cell Acute Lymphoblastic Leukemia (T-ALL)</u></b></p> <input type="checkbox"/> BCR/ABL t(9;22)(q34;q11.2) <input type="checkbox"/> MLL 11q23 rearrangement <input type="checkbox"/> TCR alpha/delta 14q11 rearrangement	<p><b><u>Lymphoma panel</u></b></p> <input type="checkbox"/> c-MYC 8q24 rearrangement <input type="checkbox"/> c-MYC/IGHG1 t(8;14) <input type="checkbox"/> CCND1/IGHG1 t(11;14) <input type="checkbox"/> BCL2/IGHG1 t(14;18) <input type="checkbox"/> BCL6 3q27 rearrangement <input type="checkbox"/> MALT1 18q21 rearrangement <input type="checkbox"/> MALT1/IGHG1 t(14;18) <input type="checkbox"/> MALT1/API2 t(11;18) <input type="checkbox"/> ALK 2p23 rearrangement	<div style="border: 1px dashed black; padding: 5px; margin-bottom: 10px;">         Positive reflex to c-MYC/IGHG1 below       </div> <div style="border: 1px dashed black; padding: 5px;">         Positive reflex to MALT1/IGHG1 and API2       </div>

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 Checked in by \_\_\_\_\_ Location \_\_\_\_\_

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Patient Name Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**Chromosome and/or FISH Analysis**

- Karyotype** (routine chromosome analysis)     **Karyotype and FISH** (Select a FISH probe below)     **FISH only** (Select a FISH probe below)

**Multiple Myeloma (MM) panel**

- IGHG1 14q32 rearrangements
- IGHG1/c-MAF t(14;16)
- IGHG1/FGFR3 t(4;14)
- CCND1/IGHG1 t(11;14)
- TP53/CEP17 -17/del(17p)
- RB1/LAMP1 -13/del(13q)
- CEP9/CEP15 trisomy 9,15
- CEP3/CEP7 trisomy 3,7
- 1q21 gain

Positive reflex to  
c-MAF and FGFR3

**Other Malignancies**

- n-MYC 2p24 amplification in neuroblastoma
- PDGFRB/TEL t(5;12)
- MDM2 12q15 differentiated liposarcoma
- MYB 6q23
- ETV6 12p13 rearrangement
- c-MYC 8q24 rearrangement
- TP53 17p13 deletion
- BCL2 18q21 rearrangement
- FIP1L1 4q12 rearrangements
- D13S25 13q14.3
- CCND1 11q13 rearrangement
- CSF1R 5q33-q34
- ALK 2p23 rearrangement
- ERBB2 (HER2/neu) amplification in breast cancer

- FUS 16p11.2 myxoid/round cell liposarcoma
- CHOP 12q13 myxoid/round cell liposarcoma
- SS18 18q11.2 synovial sarcoma
- ROS1 6q22 rearrangement
- EGFR 7p12 amplification
- FKHR 13q14 rhabdomyosarcoma
- 1p/del(19q) oligodendrogliomas
- RB1 13q14 deletion
- TCR alpha/delta 14q11
- EWSR1 22q12 Ewing sarcoma

**Myeloproliferative Neoplasms panel**

- BCR/ABL1 t(9;22)
- FIPILI/PDGFR A 4q12 rearrangement
- PDGFRB 5q33 rearrangement
- FGFR1 8p12 rearrangement

**Specimen Requirements for Chromosome and/or FISH analysis**

**Bone Marrow**

Place in heparinized syringe, large sodium heparin tube (dark green top) or transport medium.  
 Fresh sample keep at room temperature, do not freeze. No additional specimen is needed for FISH studies.

**Leukemic Blood/Peripheral Blood for neoplastic study**

3-5 cc in large sodium heparin tube (dark green top). Fresh sample keep at room temperature, do not freeze. No additional specimen is needed for FISH studies.

**Solid Tumor** 2-3 cc/1-2cm<sup>2</sup> in transport media or sterile normal saline. Do not use formalin and do not use a fixative. Observe sterile technique. Keep cool, do not freeze.

**Unstained Slides** we request 2 slides for each FISH probe ordered. Please circle the area on the slide you would like analyzed.

**To request Microarray or Sequencing Analysis for cancer please complete page 3!**

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**Genetics Laboratory Department of Pediatrics  
Genetics Requisition For Hematology/Oncology**

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Fax: 405-271-7117  
After hours phone: 405-496-9514  
www.genetics.ouhsc.edu

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Physician Name \_\_\_\_\_

NPI \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Genetic Counselor \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Clinic/Hospital \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Reason for Study \_\_\_\_\_

Date Specimen Collected \_\_\_\_\_

Patient Name (last,first,m.) \_\_\_\_\_

Parent Name (if patient is a minor) \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_ MRN \_\_\_\_\_

**Sex:**  Male  Female  Ambiguous  Unknown  Inpatient  Outpatient

Ethnicity of patient (check all that apply)  
 African-American  Asian Caucasian/NW European  E. Indian  
 Hispanic  Jewish-Ashkenazi  Jewish-Sephardic  Native American  
 Native Hawaiian/Other Pacific Islander  Other \_\_\_\_\_

Patient's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**SPECIMEN TYPES for Sequencing and Microarray Analysis**

**Leukemic Blood/Peripheral Blood for neoplastic study** 3-5 cc blood in large EDTA tube with the purple top. Keep at room temperature.

**Sequencing Assays and Microarray Testing**

**Sequencing Analysis (Please select a gene(s) from the list below.**

- |  |  |   |
|--|--|---|
| <p><b>Hereditary Multiple Osteochondromas (HMO)</b></p> <p><input type="checkbox"/> EXT1 gene</p> <p><input type="checkbox"/> EXT2 gene</p> <p><b>Hereditary Leiomyomatosis</b></p> <p><input type="checkbox"/> FH gene</p> <p><b>Melanoma</b></p> <p><input type="checkbox"/> CDKN2A gene</p> <p><b>Hereditary Papillary Renal Carcinoma</b></p> <p><input type="checkbox"/> MET gene</p> <p><b>Pancreatic Cancer</b></p> <p><input type="checkbox"/> PALB2 gene</p> <p><b>Colon Cancer</b></p> <p><input type="checkbox"/> TP53 gene</p> | <p><b>Polyposis</b></p> <p><input type="checkbox"/> APC gene (familial adenomatous polyposis)</p> <p><input type="checkbox"/> MUTYH gene (associated polyposis)</p> <p><input type="checkbox"/> SMAD4 gene (juvenile polyposis)</p> <p><input type="checkbox"/> BMPR1A gene (juvenile polyposis)</p> <p><b>Parangliomas</b></p> <p><input type="checkbox"/> SDHD gene</p> <p><input type="checkbox"/> SDHB gene</p> <p><input type="checkbox"/> SDHC gene</p> <p><input type="checkbox"/> SDHA gene</p> <p><input type="checkbox"/> SDHAF2 gene</p> <p><input type="checkbox"/> MAX gene</p> <p><b>HNPCC/Lynch syndrome</b></p> <p><input type="checkbox"/> MSH2 gene</p> <p><input type="checkbox"/> MLH1 gene</p> <p><input type="checkbox"/> MSH6 gene</p> <p><input type="checkbox"/> EPCAM gene</p> | <p><b>Hamartoma Tumor syndrome</b></p> <p><input type="checkbox"/> PTEN gene</p> <p><b>Hereditary breast and ovarian cancer</b></p> <p><input type="checkbox"/> BRCA1 gene</p> <p><input type="checkbox"/> BRCA2 gene</p> <p><b>Multiple Endocrine Neoplasia</b></p> <p><input type="checkbox"/> MEN1 gene</p> <p><input type="checkbox"/> RET gene</p> <p><b>Von Hippel Lindau syndrome</b></p> <p><input type="checkbox"/> VHL gene pheochromocytomas</p> |
|--|--|---|

**Microarray analysis**

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