

**WARDE MEDICAL LABORATORY
HEMATOLOGIC & NEOPLASTIC DISORDERS
CYTOGENETICS/FISH TEST REQUISITION**
734-214-0300 800-760-9969 Fax: 734-214-0399

Patient Information

Name: _____
Last First MI

Date of Birth: ___/___/___ Gender: _____

Patient ID: _____ Specimen ID: _____

*Referring Physician: _____ * Phone: _____

Pathologist _____ Phone: _____

*Indication for Test / Clinical Information: _____

Test Requests/Specimen Type

- Chromosome Analysis, Hematologic Disorder (CHRL): Bone Marrow (3.0 mL minimum) or 10 mL Whole Blood Na Heparin
- Chromosome Analysis, Solid Tumor (CHRTU): Tissue in Tissue Transport Medium (TTM)

Fluorescence *in situ* hybridization (FISH):

- | | |
|--|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Acute Myeloid Leukemia Panel<input type="checkbox"/> Plasma Cell Myeloma Complete Panel w/ IGH reflex<input type="checkbox"/> Chronic Lymphocytic Leukemia Panel<input type="checkbox"/> MDS Panel<input type="checkbox"/> Acute Lymphoblastic Leukemia Panel, Pediatric<input type="checkbox"/> Acute Lymphoblastic Leukemia Panel, Adult (CDKN2A, BCR/ABL1, KMT2A)<input type="checkbox"/> MALT Lymphoma Study (Chromosome 3, MALT1)<input type="checkbox"/> Marginal Zone Lymphoma Panel (BCL6, 7p/7q, CEP12)<input type="checkbox"/> BCR/ABL1 [t(9;22)]<input type="checkbox"/> PML/RARA [t(15;17)]<input type="checkbox"/> IGH/BCL2 [t(14;18)]<input type="checkbox"/> CCND1 (BCL1)/IGH [t(11;14)]<input type="checkbox"/> High Grade Lymphoma Panel (MYC, IGH/BCL2, BCL6) | <ul style="list-style-type: none"><input type="checkbox"/> RUNX1T1/RUNX1 [t(8;21)]<input type="checkbox"/> CBFβ/MYH11 [inv(16) & t(16;16)]<input type="checkbox"/> MYC/IGH [t(8;14)]<input type="checkbox"/> ALK (2p23)<input type="checkbox"/> BCL6 (3q27)<input type="checkbox"/> Eosinophilia Panel<input type="checkbox"/> PDGFRA<input type="checkbox"/> PDGFRB<input type="checkbox"/> FGFR1<input type="checkbox"/> KMT2A (MLL, 11q23)<input type="checkbox"/> T-cell alpha/delta receptor |
|--|---|
- Other FISH (Specify): _____

- Permission to sacrifice block
- Reflex to FISH testing above as necessary.
- Reflex to FLT3/NPM1/CEBPA PCR if cytogenetics and FISH are negative. Reflex to KIT for t(8;21) or inv(16) or to FLT3 for t(15;17)/PML-RARA.
- Chromosome Hold (CHOLD)

Specimen Type: _____

Collection Date: _____ Time: _____

Additional Comments: _____

* Required Fields