

## Oncology Cytogenetics Study Requisition form

PATIENT INFORMATION <i>(Please Print)</i>				REFERRING PHYSICIAN <i>(Please Print)</i>					
Last Name:		First:	M.I.:	Name:					
Address:				Address:					
City, State, Zip:				City, State, Zip:					
Birthdate: _____		Sex: _____ Male _____ Female		Telephone:		Fax:			
Social Security #: _____				Additional Report To:					
Medical Record #:		Account#:		Address:					
Inpatient? _____		Location: _____		Outpatient? _____					
<b>Specimen information:</b>				City, State, Zip:					
Date/Time of Collection: _____ Amount Drawn: _____				Telephone: _____ Fax: _____					
Type of Specimen:				Clinical History/Pertinent Physical Findings (include chemotherapy and radiation therapy dates/drugs):					
<input type="checkbox"/> Bone Marrow <input type="checkbox"/> Peripheral Blood (unstimulated)* <input type="checkbox"/> Tumor type (location) _____ <input type="checkbox"/> Lymph Node (location) _____									
* Peripheral blood may be submitted for unstimulated studies only if circulating blast count is above 5%.									
<input type="checkbox"/> Pre-Bone Marrow Transplant		Sex of Donor: _____ Male _____ Female							
<input type="checkbox"/> Post-Bone Marrow Transplant		#days _____							
<b>Signature of Requesting Physician (REQUIRED!):</b>									
<b>INDICATION FOR STUDY: (MUST BE COMPLETED!) * CIRCLE ALL THAT APPLY *</b>									
Anemia	Thrombocytopenia	Leukocytosis	Leukopenia	Pancytopenia	Lymphoma	Other (Specify):			
<b>Diagnosis: Tentative</b>		<b>Confirmed</b>		<b>New Diagnosis?</b>		<b>Relapse Sample?</b>			
CML: Chronic Phase	Blast Phase	ALL: B-ALL	T-ALL	CLL	MM	MPD (Specify):			
MDS	AML	Other (Specify):							
<b>TEST(S) REQUESTED: (MUST BE COMPLETED!) * CIRCLE ALL THAT APPLY *</b>									
<b>Chromosome Analysis (Karyotype):</b>			<b>Yes</b>	<b>No</b>	<b>MM Microarray with IGH FISH - Yes</b>				
<b>Integrated Cytogenomic Analysis for B-Cell ALL - Yes</b>									
<b>Fluorescence in-situ hybridization (FISH) panels requested: * CIRCLE ALL THAT APPLY *</b>									
MDS Panel	MPD Panel	AML Panel	CLL Panel	T- ALL Panel	High Grade B-Cell lymphoma Panel				
<b>FLUORESCENCE IN SITU HYBRIDIZATION (FISH)</b>									
<b>Monosomy/Trisomy</b>	<b>Translocation/fusion</b>	<b>Break-apart rearrangement</b>		<b>Solid tumors</b>					
_5q- _Monosomy 7/ 7q- _Trisomy 8 _Trisomy 9 _Trisomy 12 _13q- _20q- _Hyperdiploidy 5, 7, 9 _ATM (11q-) _CMYB (6q-) _P16(CDKN2A) (9p21) _P53 (del 17p13.1)	_BCR/ABL t(9;22) _BIRC3/MALT t(11;18) _CBFβ/MYH1 inv(16) _CHIC2/FIP1L1-PDGFRα (4q12) _DEK/ NUP214 t(6;9) _ETV6/RUNX1 t(12;21) _IGH@/FGFR3 t(4;14) _IGH@/BCL2 t(14;18) _IGH@/CCND1 t(11;14) _IGH@/MAF t(14;16) _IGH@/MAFB t(14;20) _IGH@/MALT1 t(14;18) _IGH@/MYC t(8;14) _PBX1/TCF3 t(1;19) _PML/RARA t(15;17) _RUNX1T1/RUNX1 t(8;21)	_ALK (2p23) _AML1 (21q22) _BCL2 (18q21) _BCL3 (19q13) _BCL6 (3q27) _BCL10 (1p22) _CCND1 (11q13) (3q26) _FGFR1 (8p12) _IGH (14q32) _IGK (2p11) _IGL (22q11) _IRF4 / DUSP22 (6p25.3) _MALT1 (18q21)		_MLL (11q23) _MYC (8q24) _PAX3(2q35) _PAX5(p13) _PAX7(1p36.13) _PDGFRB (5q33) _RARA (17q21) _TCF3 (19p13) _TCL1 (14q32) _TCRAD (14q11) _TCRB (7q34) _TCRG (7p14) _TEL(ETV6) (12p13) _TLX1 (10q24) _TLX3 (5q35)			_12CEP/12p _1p36/19q _ALK (2p23) _CHOP (12q13) _ERBB2/CEP17 _EWSR1 (22q12) _FKHR(FOXO1) (13q14) _MONOSOMY 3 _N-MYC _SYT (18q11.2) _TLS(FUS) (16p11.2) OTHERS _MYC(8q24.12q24.13) _CKS1B/CDKN2C (P18)		
__XX/XY	Others (Specify): _____								
<b>Visit our PCL Website (<a href="http://www.pittgenetics.org">www.pittgenetics.org</a>) for a complete probe list and probes contained in each of the FISH panels.</b>									

Magee-Womens Hospital of UPMC~300 Halket St., Rm. 1225~Pittsburgh, PA 15213~(412)641-5558 PHONE (412)641-2255 FAX



# PITTSBURGH CYTOGENETICS LABORATORY

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