

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 #: _____						
Medical Record #: _____		Account#: _____		Additional Report To: _____		
Inpatient? _____		Location: _____		Outpatient? _____		
Specimen information:			Address:			
Date/Time of Collection: _____			Amount Drawn: _____			
Type of Specimen:			City, State, Zip: _____			
<input type="checkbox"/> Bone Marrow <input type="checkbox"/> Peripheral Blood (unstimulated)* <input type="checkbox"/> Tumor type (location) _____ <input type="checkbox"/> Lymph Node (location) _____			Telephone: _____ Fax: _____			
<i>* Peripheral blood may be submitted for unstimulated studies only if circulating blast count is above 5%.</i>			Clinical History/Pertinent Physical Findings (include chemotherapy and radiation therapy dates/drugs):			
<input type="checkbox"/> Pre-Bone Marrow Transplant      Sex of Donor: _____ Male _____ Female <input type="checkbox"/> Post-Bone Marrow Transplant      #days _____						
Signature of Requesting Physician <i>(REQUIRED!)</i> :						
INDICATION FOR STUDY: <i>(MUST BE COMPLETED!)</i> * CIRCLE ALL THAT APPLY *						
<input type="checkbox"/> Anemia	<input type="checkbox"/> Thrombocytopenia	<input type="checkbox"/> Leukocytosis	<input type="checkbox"/> Leukopenia	<input type="checkbox"/> Pancytopenia	<input type="checkbox"/> Lymphoma	<input type="checkbox"/> Other (Specify): _____
<b>Diagnosis: Tentative</b>		<b>Confirmed</b>		<b>New Diagnosis?</b>		<b>Remission Sample?</b>
<input type="checkbox"/> CML: Chronic Phase		<input type="checkbox"/> Blast Phase		<input type="checkbox"/> ALL: B-ALL		<input type="checkbox"/> T-ALL
<input type="checkbox"/> MDS		<input type="checkbox"/> AML		<input type="checkbox"/> Other (Specify): _____		<input type="checkbox"/> CLL
						<input type="checkbox"/> MM
						<input type="checkbox"/> MPD (Specify): _____
TEST(S) REQUESTED: <i>(MUST BE COMPLETED!)</i> * CIRCLE ALL THAT APPLY *						
<b>Chromosome Analysis (Karyotype) with Confirmatory FISH Testing</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>						
Fluorescence in-situ hybridization (FISH) panels requested: * CIRCLE ALL THAT APPLY *						
<input type="checkbox"/> MDS Panel	<input type="checkbox"/> MPD Panel	<input type="checkbox"/> AML Panel	<input type="checkbox"/> CLL	<input type="checkbox"/> T- ALL Panel	<input type="checkbox"/> High Grade B-Cell lymphoma Panel	
FLUORESCENCE IN SITU HYBRIDIZATION (FISH)						
Monosomy/Trisomy/Deletions	Translocation/fusion	Break-apart rearrangement	Solid tumors			
<input type="checkbox"/> 5q- <input type="checkbox"/> Monosomy 7/ 7q- <input type="checkbox"/> Trisomy 8 <input type="checkbox"/> Trisomy 9 <input type="checkbox"/> Trisomy 12 <input type="checkbox"/> 13q- <input type="checkbox"/> 20q- <input type="checkbox"/> Hyperdiploidy 5, 7, 9 <input type="checkbox"/> ATM deletion (11q22.3) <input type="checkbox"/> CMYB deletion (6q23.3) <input type="checkbox"/> CDKN2A deletion (9p21) <input type="checkbox"/> TP53 deletion (17p13.1) <input type="checkbox"/> IKZF1 deletion (7p12.2) <input type="checkbox"/> PAX5 deletion (9p13) <input type="checkbox"/> IKZF1 deletion (7p12.2) <input type="checkbox"/> JAK2 deletion (9p24.1)	<input type="checkbox"/> BCR/ABL t(9;22) <input type="checkbox"/> BIRC3/MALT1 t(11;18) <input type="checkbox"/> CBFβ/MYH1 inv(16) <input type="checkbox"/> CHIC2/FIP1L1-PDGFRα (4q12) <input type="checkbox"/> DEK/NUP214 t(6;9) <input type="checkbox"/> ETV6/RUNX1 t(12;21) <input type="checkbox"/> IGH/FGFR3 t(4;14) <input type="checkbox"/> IGH/BCL2 t(14;18) <input type="checkbox"/> IGH/CCND1 t(11;14) <input type="checkbox"/> IGH/MAF t(14;16) <input type="checkbox"/> IGH/MAFB t(14;20) <input type="checkbox"/> IGH/MALT1 t(14;18) <input type="checkbox"/> IGH/MYC t(8;14) <input type="checkbox"/> PBX1/TCF3 t(1;19) <input type="checkbox"/> PML/RARA t(15;17) <input type="checkbox"/> RUNX1T1/RUNX1 t(8;21)	<input type="checkbox"/> ALK (2p23) <input type="checkbox"/> AML1 (21q22) <input type="checkbox"/> BCL2 (18q21) <input type="checkbox"/> BCL3 (19q13) <input type="checkbox"/> BCL6 (3q27) <input type="checkbox"/> BCL10 (1p22) <input type="checkbox"/> CCND1 (11q13) <input type="checkbox"/> MECOM (3q26) <input type="checkbox"/> FGFR1 (8p12) <input type="checkbox"/> IGH (14q32) <input type="checkbox"/> IGK (2p11) <input type="checkbox"/> IGL (22q11) <input type="checkbox"/> IRF4/DUSP22(6p25.3) <input type="checkbox"/> MALT1 (18q21) <input type="checkbox"/> MLL (11q23) <input type="checkbox"/> MYC (8q24) <input type="checkbox"/> NUP98 (11p15.5)	<input type="checkbox"/> PDGFRB (5q33) <input type="checkbox"/> RARA (17q21) <input type="checkbox"/> TCF3 (19p13) <input type="checkbox"/> TCL1 (14q32) <input type="checkbox"/> TRAC (14q11) <input type="checkbox"/> TRB (7q34) <input type="checkbox"/> TRG (7p14) <input type="checkbox"/> ETV6 (12p13) <input type="checkbox"/> TLX1 (10q24) <input type="checkbox"/> TLX3 (5q35) <input type="checkbox"/> CSF1R (5q32) <input type="checkbox"/> CDK6 (7q21.2) <input type="checkbox"/> FOXO1 (13q14) <input type="checkbox"/> FUS (16p11.2)	<input type="checkbox"/> 1p36/19q <input type="checkbox"/> CHOP (12q13) <input type="checkbox"/> ERBB2(17q12)/CEP17 <input type="checkbox"/> EWSR1 (22q12) <input type="checkbox"/> MONOSOMY 3 <input type="checkbox"/> N-MYC (2p24.3) <input type="checkbox"/> PAX3 (2q35) <input type="checkbox"/> PAX7 (1p36) <input type="checkbox"/> SYT (18q11.2)  OTHERS <input type="checkbox"/> MYC (8q24) amplification <input type="checkbox"/> CKS1B/CDKN2C (1q21.3/1p32.3) Amplification/Deletion		
<b>Follow-up FISH Testing for Previously Detected Abnormal Clone(s)</b>			<b>Yes</b>	<b>No</b>		
<input type="checkbox"/> 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>						