



# PITTSBURGH CYTOGENETICS LABORATORY

## Oncology Cytogenetics Study Requisition form

Updated: 05/31/2017 by SJK

PATIENT INFORMATION (Please Print)			REFERRING PHYSICIAN (Please Print)	
Last Name:	First:	M.I.:	Name:	
Address:			Address:	
City, State, Zip:			City, State, Zip:	
Birthdate: _____ Sex: _____ Male _____ Female		Telephone:		
Social Security #: _____				
Medical Record #: _____ Account#: _____		Fax:		
Inpatient? _____ Location: _____ Outpatient? _____				
<b>Specimen information:</b>			Additional Report To:	
Date/Time of Collection: _____ Amount Drawn: _____				
Type of Specimen:			Address:	
<input type="checkbox"/> Bone Marrow <input type="checkbox"/> Peripheral Blood (unstimulated)* <input type="checkbox"/> Tumor type (location) _____ <input type="checkbox"/> Lymph Node (location) _____			City, State, Zip:	
			Phone: _____ Fax: _____	
* Peripheral blood may be submitted for unstimulated studies only if circulating blast count is above 5%.			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 (REQUIRED!):**

**INDICATION FOR STUDY: (MUST BE COMPLETED!) \* 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>	<b>Relapse 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"/> CLL	<input type="checkbox"/> MM	<input type="checkbox"/> MPD (Specify)	
<input type="checkbox"/> MDS	<input type="checkbox"/> AML	<input type="checkbox"/> Other (Specify)					

**TEST(S) REQUESTED: (MUST BE COMPLETED!) \* CIRCLE ALL THAT APPLY \***

<b>Chromosome Analysis (Karyotype) :</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>MM microarray with IGH FISH - Yes</b>		
<b>Fluorescence in-situ hybridization (FISH) panels requested: * CIRCLE ALL THAT APPLY *</b>						
<input type="checkbox"/> MDS Panel	<input type="checkbox"/> MPD Panel	<input type="checkbox"/> AML Panel	<input type="checkbox"/> CLL Panel	<input type="checkbox"/> 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	
---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"/> <u>ATM</u> deletion (11q22.3) <input type="checkbox"/> <u>CMYB</u> deletion (6q23.3) <input type="checkbox"/> <u>CDKN2A</u> deletion (9p21) <input type="checkbox"/> <u>TP53</u> deletion (17p13.1) <input type="checkbox"/> <u>IKZF1</u> deletion (7p12.2) <input type="checkbox"/> <u>PAX5</u> deletion (9p13) <input type="checkbox"/> <u>IKZF1</u> deletion (7p12.2) <input type="checkbox"/> <u>JAK2</u> deletion (9p24.1)	<input type="checkbox"/> <u>BCR/ABL</u> t(9;22) <input type="checkbox"/> <u>BIRC3/MALT1</u> t(11;18) <input type="checkbox"/> <u>CBFβ/MYH1</u> inv(16) <input type="checkbox"/> <u>CHIC2/FIP1L1-PDGFR4</u> (4q12) <input type="checkbox"/> <u>DEK/NUP214</u> t(6;9) <input type="checkbox"/> <u>ETV6/RUNX1</u> t(12;21) <input type="checkbox"/> <u>IGH/FGFR3</u> t(4;14) <input type="checkbox"/> <u>IGH/BCL2</u> t(14;18) <input type="checkbox"/> <u>IGH/CCND1</u> t(11;14) <input type="checkbox"/> <u>IGH/MAF</u> t(14;16) <input type="checkbox"/> <u>IGH/MAFB</u> t(14;20) <input type="checkbox"/> <u>IGH/MALT1</u> t(14;18) <input type="checkbox"/> <u>IGH/MYC</u> t(8;14) <input type="checkbox"/> <u>PBX1/TCF3</u> t(1;19) <input type="checkbox"/> <u>PML/RARA</u> t(15;17) <input type="checkbox"/> <u>RUNX1T1/RUNX1</u> t(8;21)	<input type="checkbox"/> <u>ALK</u> (2p23) <input type="checkbox"/> <u>AML1</u> (21q22) <input type="checkbox"/> <u>BCL2</u> (18q21) <input type="checkbox"/> <u>BCL3</u> (19q13) <input type="checkbox"/> <u>BCL6</u> (3q27) <input type="checkbox"/> <u>BCL10</u> (1p22) <input type="checkbox"/> <u>CCND1</u> (11q13) <input type="checkbox"/> <u>MECOM</u> (3q26) <input type="checkbox"/> <u>FGFR1</u> (8p12) <input type="checkbox"/> <u>IGH</u> (14q32) <input type="checkbox"/> <u>IGK</u> (2p11) <input type="checkbox"/> <u>IGL</u> (22q11) <input type="checkbox"/> <u>IRF4/DUSP22</u> (6p25.3) <input type="checkbox"/> <u>MALT1</u> (18q21) <input type="checkbox"/> <u>MLL</u> (11q23) <input type="checkbox"/> <u>MYC</u> (8q24) <input type="checkbox"/> <u>NUP98</u> (11p15.5)	<input type="checkbox"/> <u>PDGFRB</u> (5q33) <input type="checkbox"/> <u>RARA</u> (17q21) <input type="checkbox"/> <u>TCF3</u> (19p13) <input type="checkbox"/> <u>TCL1</u> (14q32) <input type="checkbox"/> <u>TRAC</u> (14q11) <input type="checkbox"/> <u>TRB</u> (7q34) <input type="checkbox"/> <u>TRG</u> (7p14) <input type="checkbox"/> <u>ETV6</u> (12p13) <input type="checkbox"/> <u>TLX1</u> (10q24) <input type="checkbox"/> <u>TLX3</u> (5q35) <input type="checkbox"/> <u>CSF1R</u> (5q32) <input type="checkbox"/> <u>CDK6</u> (7q21.2) <input type="checkbox"/> <u>FOXO1</u> (13q14) <input type="checkbox"/> <u>FUS</u> (16p11.2)	<input type="checkbox"/> 1p36/19q <input type="checkbox"/> <u>CHOP</u> (12q13) <input type="checkbox"/> <u>ERBB2</u> (17q12)/CEP17 <input type="checkbox"/> <u>EWSR1</u> (22q12) <input type="checkbox"/> <u>MONOSOMY 3</u> <input type="checkbox"/> <u>N-MYC</u> (2p24.3) <input type="checkbox"/> <u>PAX3</u> (2q35) <input type="checkbox"/> <u>PAX7</u> (1p36) <input type="checkbox"/> <u>SYT</u> (18q11.2)  OTHERS <input type="checkbox"/> <u>MYC</u> (8q24) amplification <input type="checkbox"/> <u>CKS1B/CDKN2C</u> (1q21.3/1p32.3) Amplification/Deletion
<input type="checkbox"/> XX/XY	Others (Specify): _____			

**Visit our PCL website for a complete probe list and probes contained in each of the FISH panels ([www.pittgenetics.org](http://www.pittgenetics.org)).**