

Hayward Genetics Center Cancer Requisition Form

Deliver specimens to: 1430 Tulane Ave.
Room 5301, New Orleans, LA 70112
PHONE 504-988-2995 FAX 504-988-1763
Cytogenetics beeper: 504-501-6096



REPORTS TO:

FAX TO: _____
PHONE# _____
BILLING ADDRESS: _____

PATIENT LAST NAME _____ FIRST NAME _____
DATE OF BIRTH _____ MALE PATIENT HOSP/CLINIC# _____
 FEMALE _____
DATE COLLECTED _____ PHYSICIAN _____

DIAGNOSIS / CLINICAL INFORMATION / INDICATION FOR STUDY

HAS THIS PATIENT BEEN STUDIED PREVIOUSLY? No
 Diagnostic Follow-up Relapse

TRANSPLANT?

Yes No Sex Mismatch

SPECIMEN TYPE

- Bone marrow (WBC _____)
 Leukemic blood (WBC _____)
 Lymph node
 Solid tumor or tissue (fresh)
 Paraffin-embedded tissue
Fixation time _____
Source of tissue _____
 Other _____

SPECIMEN ACCESSION # _____
BLOCK # (IF APPLICABLE) _____
DATE COLLECTED _____

CHROMOSOME ANALYSIS / KARYOTYPE

YES NO

INDIVIDUAL FISH PROBES

- ALK 2p23
 13q14 13q14.3
 C-MYC 8q24

 PDGFRA 4q12
 PDGFRB 5q32

 EWSR1/FLI1 t(11;22)
 N-MYC 2p23-p24
 MALT1 18q21
 SYT 18q11.2

OTHER FISH STUDY:

Please specify _____

DNA-BASED STUDIES / MOLECULAR GENETICS

- FLT3 mutation CEBPA mutation
 JAK2 mutation AML panel (FLT3,
 NPM1 NPM1, CEBPA)
 c-KIT mutation

FISH PANELS

FOR PREVIOUS/APPLICABLE ABNORMALITIES

- Myeloid Panel
+8, -5/5q-, -7/7q-, MLL, 20q-

Acute Myeloid Leukemia (AML):

- t(8;21)*
 PML/RARA*
 CBF*
 Reflex testing for AML: *if positive reflex to c-KIT;
If negative reflex to NPM1, FLT3, CEBPA

Chronic Myelogenous Leukemia (CML) - t(9;22)

Acute Lymphocytic Leukemia (ALL) Panel – Adult
9p, t(9;22), MLL, t(12;21), IGH

Acute Lymphocytic Leukemia (ALL) Panel – Pediatric
+14/+17, 9p, t(9;22), MLL, t(12;21)

B-cell lymphoma:

- Double-hit lymphoma – C-MYC, IGH/BCL2, BCL6
 Burkitt lymphoma – MYC/IGH, MYC
 Follicular IGH/BCL2 – t(14;18)
 Mantle cell lymphoma CCND1/IGH – t(11;14)

Chronic Lymphocytic Leukemia (CLL) Panel
ATM, +12, 13q14, IGH, p53

Multiple Myeloma (MM) Panel
+9, 13q14, IGH*, +15, TP53, MYC, +1p/1q
(CD138+ Cell Enrichment if possible)
 *If IGH positive, reflex
t(4;14), t(14;16), t(IGH;CCND1)

XX / XY Sex Mismatch Transplant

OTHER FISH STUDY:

Please specify _____
