Place Patient Label Here

Oncology Genetic Testing Requisition

Cytogenetic and Molecular Genetics Laboratory
3333 Burnet Ave., TCHRF Room 1042,
ML 7016, Cincinnati, Ohio 45229-3039
For test inquiries or local courier service call:
Phone (513)636-4474 or FAX (513)636-4373
www.cincinnatichildrens.org/genetics

□ patient presented for lab draw □ specimen only

Patient/Physician Information

Specimen Date	Specimen Time	Request Date	Patient Name (Last, First)	Sex	Date of Birth

Hospital MR#	Referring Institution	Referring Physician	Phone	Fax

Email	Physician Address
Lab Address	Physician's Signature (required)

Please review carefully. Complete ALL 4 sections below AND attach patient billing information

1. Bill: Please see 2nd page of requisition

2. Specimen Information

□ **Bone marrow** □ **Oncology blood** □ **Lymph node** □ **Solid Tumor** (specify)_____
□ **Paraffin Embedded Tissue** □ **Other** (Specify) _____
WBC_____ **% Blasts**_____ □ Pre-transplant □ Post transplant
Disease status: □ New leukemia □ Remission □ Relapse □ (E)COG Study □ Known Down syndrome □ Primary solid tumor □ Metastatic tumor

3. Suspected Diagnosis / Indications (REQUIRED)

□ Acute lymphocytic leukemia (ALL)	□ Leukocytosis	□ Myeloproliferative disease (MPS or MPD)
□ Acute myelocytic leukemia (AML)	□ Leukopenia	□ Neutropenia
□ Acute promyelocytic leukemia (APL)	□ Leukemia	□ Non-Hodgkin lymphoma (NHL)
□ Adenopathy	□ Lymphoma	□ Pancytopenia
□ Anemia	□ Lymphocytosis	□ Polycythemia vera (PV)
□ Burkitt lymphoma	□ Lymphoproliferative disorder	□ Sarcoma
□ Chronic myelogenous leukemia (CML)	□ Monoclonal gammopathy	□ Thrombocytopenia
□ Chronic lymphocytic leukemia (CLL)	□ Multiple myeloma	□ Thrombocytosis
□ Ewing sarcoma	□ Myelodysplastic syndrome or disease (MDS)	□ Wilms tumor
□ Hodgkin lymphoma	□ Myeloma	□ Other_____

4. Test Requested

Molecular Genetic Analysis Test Request: (3 ml bone marrow or blood in an EDTA tube - purple top)

□ Molecular analysis for leukemia translocation
- ○ BCR/ABL - t(9;22) by RT-PCR (QUALITATIVE)
- ○ PML/RARα - t(15;17) by RT-PCR

□ NPM-1
□ Tamoxifen GPS Testing (CYP2D6)
□ Bone marrow engraftment by STR - Same sex donor and recipient (STR=BME)
- ○ Pre-transplant host sample
- ○ Post transplant sample
- ○ Donor sample

□ **Bone marrow engraftment (WBC sub-populations) *You MUST call 513-803-2567 to schedule this test: □ STR □ FISH**

Molecular Quantitative Genetic Analysis (5-10ml blood or 3-5ml bone marrow in EDTA sent same day/overnight on ICE)

□ BCR/ABL- t(9:22) QUANTITATIVE (p210) : new diagnosis
□ BCR/ABL- t(9:22) QUANTITATIVE (p210) : monitoring disease
□ JAK2 QUANTITATIVE (v617F) : new diagnosis
□ JAK2 QUANTITATIVE (v617F): recurrent disease

Cytogenetic Test

*3 ml bone marrow or blood in sodium heparin (green top) tube
**3 ml bone marrow or blood in EDTA (purple top) tube
If in media, type:_____
□ Oncology Chromosome Analysis *
□ Oncology Microarray **
□ Constitutional (blood) Chromosome Analysis*
□ Cell culture only *
□ Chromosome breakage study **(5-10 ml blood in sodium heparin (Green top) tube)**

FISH (Fluorescence In Situ Hybridization) - Specify below - This is not a complete list of available FISH probes;

- □ t(9;22) [BCR/ABL1]
- □ t(15;17) [PML/RARα]
- □ 11q23 [MLL]
- □ X/Y [Opposite sex BMT]
- □ Other (please call lab)

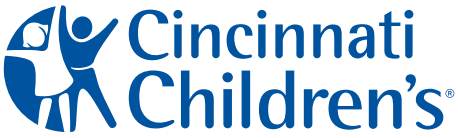
_____
_____
_____

FISH panels (all probes available individually as well)
- □ ALL Hyperdiploid panel [trisomy 4,10,17]
- □ ALL Risk Stratification panel [4,10,17; t(12;21); t(9;22);11q23 (MLL)]
- □ AML panel [t(8;21); 11q23(MLL); inv(16)]
- □ APL panel [t(15;17); RARα]
- □ Burkitt lymphoma panel [t(8;14); 8q24 (C-MYC)]
- □ CLL panel [13q14.3; 13q34; 12 centromere; ATM(11q22.3); p53]
- □ Eosinophilia Panel [4q12, PDGFRB, FGFR1, CBFB]
- □ Fanconi anemia panel [1q25; 3q27; monosomy 7 / del(7q)]
- □ Multiple myeloma panel [t(4;14);t(11;14); monosomy 13/del 13q;t(14;16);p53]
- □ Myeloid disorder panel [mono 5/del 5q; mono 7/del 7q; tri 8; del (20q)]
- □ MPD Panel [4q12, PDGFRB, FGFR1, BCR/ABL]
- □ SDS panel [mono 7/del 7q; tri 8; del (20q)]
- □ Large cell NHL panel [2p23.2; t(11;14); t(14;18);17p13 (p53)]
- □ Small B-cell NHL panel [CLL panel; t(11;14); t(14;18);18q21]
- □ Combined NHL Panel (large and small cell)

Medical Necessity Regulations - At the government's request, the Genetics Laboratory would like to remind all physicians that when ordering tests that will be paid under federal health care programs, including Medicare and Medicaid, that these programs will pay only for those tests the relevant program deems to be (1) included as covered services (2) reasonable (3) medically necessary for the treatment and diagnosis of the patient (4) not for screening purposes. 12/2011

Please complete billing information on page 2. Both pages of requisition must be completed before sample can be processed.

Billing Information



Patient Name Last/First
DOB

Cincinnati Children's Hospital
Medical Center
3333 Burnett Avenue
Cincinnati, OH
45229

Phone: 513-636-4474
Fax: 513-636-4373
www.cincinnatichildrens.org

Choose one method of payment

☐ Patient Billing

☐ Check Enclosed ☐ Money Order ☐ Credit Card (Visa, MC, AM.Exp., Disc.)

Credit Card Number
Card Holder Name
Expiration Date
Signature

☐ Referring Institution

Institution
Address
City/State/Zip
Accounts Payable Contact Name
Phone
Fax
Email

☐ Insurance / Policy Holder Information*

Name	
DOB	Gender
Authorization Number	
Insurance Name	
Insurance Address	
City/State/Zip	
Insurance ID Number	
Group Number	
Insurance Phone Number	

* Please Note:

1. Insurance can only be billed if requested at the time of service.
2. Acceptable forms of insurance are:
   - Commercial
   - Ohio, Indiana or Kentucky Medicaid

Exceptions must be pre-arranged with our billing staff. Please call 866-450-4198.

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☐ Patient signed completed ABN

ALL INFORMATION MUST BE COMPLETED BEFORE SAMPLE CAN BE PROCESSED