Place Patient Label in this Box

CINCINNATI CHILDREN'S HOSPITAL HUMAN GENETICS & FLOW CYTOMETRY REQUISITION FOR UC Health University Hospital

Lab Phone: 513-636-4474 Mon-Fri 8a-6p
After Hours Phone: 513-636-7355

Scheduled Pick-Ups: M-F 5:30AM, 10:30AM, 2:45PM, 5:30PM
SAT 5:30 AM
Nights, Weekends & Holidays call Relay (513) 860-2555 Act. # 3744

COLLECTION INFO. (REQUIRED):
Draw Date: _____
Draw Time: _____
Initial: _____

SPECIMEN TUBES:
☐ LAV ☐ TUBE W/ MEDIA
☐ GRN ☐ OTHER:

PRINT CLINICIAN NAME & CREDENTIALS (REQUIRED)
_____

FAX/CALL RESULTS TO: _____

SPECIMEN TYPE:
- ☐ Ascites Fluid
- ☐ BAL
- ☐ CSF
- ☐ Cytobrushes
- ☐ Lymph Node
- ☐ Paraffin Embedded Tissue
- ☐ Peripheral Blood
- ☐ Pleural Fluid
- ☐ Solid Tumor (specify)_____

Bone Marrow:
- ☐ Aspirate Only
- ☐ Core Only
- ☐ Core + Aspirate

WBC____% Blasts ____
- ☐ Pre-Transplant
- ☐ Post-transplant
- ☐ Donor
- ☐ Other_____

Comments:

UNIVERSITY HOSPITAL LAB INSTRUCTIONS:
1) Order CREF; enter test name as comment
2) Place on Childrens TL; Record TL# on log sheet
3) Store in appropriate temp. bin for Children's courier
4) Send original req with specimen; Retain copy with daily orders

PATIENT HISTORY:

CYTOGENETICS
Check all that apply below

3-5 mL bone marrow or blood in NaHep tube - green top, room temp
- ☐ Chromosome Analysis
- ☐ FISH (check specific type in box)

3-5 mL bone marrow or blood in EDTA tube - room temp
- ☐ Oncology SNP Microarray

MOLECULAR GENETICS
3-5 mL bone marrow or 10 mL blood in EDTA at room temperature
- ☐ Bone marrow engraftment by STR (VNTR) Same sex donor & recipient
  - ☐ Pre-transplant host sample
  - ☐ Post-transplant sample
  - ☐ Donor sample
- ☐ Bone marrow engraftment sub-cell type by STR (call 513-636-8657 or 513-636-4685 to make arrangements)
- ☐ BCR/ABL - t(9;22) QUALITATIVE (p90, p210, p230)
- ☐ JAK2 (V617F) QUANTITATIVE
- ☐ NPM1 mutation analysis

3 mL blood or bone marrow in EDTA Refrigerate Immediately
- ☐ BCR/ABL - t(9;22) QUANTITATIVE p210 only (new diagnosis)
- ☐ BCR/ABL - t(9;22) QUANTITATIVE p210 only (monitoring disease)
- ☐ FLT3 analysis (send out ARUP, bill UC Client Code #2910)
- ☐ IgVH (PCR) (send out ARUP, bill UC Client Code #2910)

Suspected Diagnosis / Indications (REQUIRED)
- ☐ Acute Lymphoblastic Leukemia (ALL)
- ☐ Acute Myelogenous Leukemia (AML)
- ☐ Acute Promyelocytic Leukemia (APL)
- ☐ Adenopathy
- ☐ Anemia
- ☐ Burkitt Lymphoma
- ☐ Chronic Myelogenous Leukemia (CML)
- ☐ Chronic Lymphocytic Leukemia (CLL)
- ☐ Leukocytosis
- ☐ Leukopenia
- ☐ Leukemia
- ☐ Lymphoma
- ☐ Lymphocytosis
- ☐ Lymphoproliferative Disorder
- ☐ Multiple Myeloma
- ☐ Myelodysplastic Syndrome or Disease (MDS)
- ☐ Myeloproliferative Disease (MPS or MPD)
- ☐ Neutropenia
- ☐ Non-Hodgkin Lymphoma (NHL)
- ☐ Pancytopenia
- ☐ Polycythemia Vera (PV)
- ☐ Thrombocytopenia
- ☐ Thrombocytosis
- ☐ Other _____

FLOW CYTOMETRY
- ☐ Leukemia / Lymphoma Panel — 3-4 mL bone marrow or blood - NaHep Green Top, Room Temp
- ☐ Tissue/body Fluids (BAL, CSF, etc.) — 2 mL body fluid (sterile container); tissue (sterile saline), Room Temp
- ☐ CLL Panel (for monitoring disease)* Send copy of concurrent CBC / Diff — 3 mL peripheral blood - NaHep Green Top, Room Temp
- ☐ Plasma Cell Panel (Myeloma follow up) — 3-4 mL bone marrow - NaHep Green Top, Room Temp
- ☐ PNH Panel — 3 mL peripheral blood - EDTA Lavender Top, Room Temp

When indicated, additional markers will be performed to help define population of interest.

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(11q23.3); p53]
- ☐ Eosinophilia Panel (PDGFR alpha, PDGFR beta, 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)]
- ☐ Myeloproliferative Disorder (MPD) Panel (PDGFR alpha, PDGFR beta, FGFR1, BCR/ABL1)
- ☐ 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)

FISH
- ☐ t(9;22) [BCR/ABL1]
- ☐ t(15;17)[PML/RARα]
- ☐ 11q23 [MLL]
- ☐ X/Y [opposite sex BMT]
- ☐ Other: _____

DIAGNOSTIC IMMUNOLOGY LAB
- ☐ Perforin/Granzyme B (3mL EDTA)
- ☐ Natural killer function (10mL NaHep*)
- ☐ Soluble IL-2R (3mL EDTA)

* If the ALC is abnormal, please call 636-4685 for adjusted volume requirements.

NOTICE: Order Individual Components
OTHER TEST/SPECIAL INSTRUCTIONS _____

CLINICIAN SIGNATURE (REQUIRED) DATE

SIGNATURE OF PERSON COMPLETING FORM IF NOT CLINICIAN (REQUIRED) DATE

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.