Place Patient Label Here **Oncology Genetic Testing Requisition** Cytogenetic and Molecular Genetics Laboratory 3333 Burnet Ave., TCHRF Room 1042. Children's 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 $\quad \ \ \, \Box \text{ specimen only}$ Patient/Physician Information Date of Birth Hospital MR# Referring Institution Referring Physician Email Physician Address Physician's Signature (required) Lab Address 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 □ Touch Prep □ Smear □ Other (Specify) % 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) □ Non-Hodgkin lymphoma (NHL) □ Leukemia □ Adenopathy □ Lvmphoma □ Pancvtopenia □ 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 o 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) o Pre-transplant host sample o 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) □ BCR/ABL- t(9:22) QUANTITATIVE (p210) : new diagnosis □ JAK2 QUANTITATIVE (v617F) : new diagnosis □ BCR/ABL- t(9:22) QUANTITATIVE (p210) : monitoring disease □ JAK2 QUANTITATIVE (v617F): recurrent disease Cytogenetic Test FISH (Fluorescence In Situ Hybridization) - Specify below - This is not a complete list of available FISH probes; *3 ml bone marrow or blood in sodium heparin □ t(9;22) [BCR/ABL1] FISH panels (all probes available individually as well) (green top) tube t(15;17) [PML/RARα] ALL Hyperdiploid panel [trisomy 4,10,17] *3 ml bone marrow or blood in EDTA (purple top) □ 11q23 [MLL] ALL Risk Stratification panel [4,10,17; t(12;21); t(9;22);11q23 (MLL)] □ X/Y [Opposite sex BMT] AML panel [t(8;21); 11q23(MLL); inv(16)] If in media, type: □ Other (please call lab) APL panel [t(15;17); RARα] □ Oncology Chromosome Analysis * Burkitt lymphoma panel [t(8;14); 8q24 (C-MYC)] CLL panel [13q14.3; 13q34; 12 centromere; ATM(11q22.3); p53] Oncology Microarray ** Eosinophilia Panel [4q12, PDGFRB, FGFR1, CBFB] □ Constitutional (blood) Chromosome Analysis* Fanconi anemia panel [1q25; 3q27; monosomy 7 / del(7q)] □ Cell culture only * Multiple myeloma panel (CD138+) [t(4;14);t(11;14); monosomy 13/del □ Chromosome breakage study (5-10 ml blood or bone marrow in sodium heparin (Green top) tube Myeloid disorder panel [mono 5/del 5q; mono 7/del 7q; tri 8; del (20q)] OR skin biopsy) 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), BCL6(3q27)] 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