

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 <input type="checkbox"/> patient presented for lab draw <input type="checkbox"/> specimen only
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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	
<input type="checkbox"/> Patient <input type="checkbox"/> Physician/Institution Account <input type="checkbox"/> Patient requests insurance to be billed <input type="checkbox"/> Patient signed completed ABN ICD-9 Code(s) Required:	

2. Specimen Information	
<input type="checkbox"/> Bone marrow <input type="checkbox"/> Oncology blood <input type="checkbox"/> Lymph node <input type="checkbox"/> Solid Tumor (specify) _____ <input type="checkbox"/> Paraffin Embedded Tissue <input type="checkbox"/> Other (Specify) _____ WBC _____ % Blasts _____ <input type="checkbox"/> Pre-transplant <input type="checkbox"/> Post transplant Disease status: <input type="checkbox"/> New leukemia <input type="checkbox"/> Remission <input type="checkbox"/> Relapse <input type="checkbox"/> (E)COG Study <input type="checkbox"/> Known Down syndrome <input type="checkbox"/> Primary solid tumor <input type="checkbox"/> Metastatic tumor	

3. Suspected Diagnosis / Indications (REQUIRED)		
<input type="checkbox"/> Acute lymphocytic leukemia (ALL) <input type="checkbox"/> Acute myelocytic leukemia (AML) <input type="checkbox"/> Acute promyelocytic leukemia (APL) <input type="checkbox"/> Adenopathy <input type="checkbox"/> Anemia <input type="checkbox"/> Burkitt lymphoma <input type="checkbox"/> Chronic myelogenous leukemia (CML) <input type="checkbox"/> Chronic lymphocytic leukemia (CLL) <input type="checkbox"/> Ewing sarcoma <input type="checkbox"/> Hodgkin lymphoma	<input type="checkbox"/> Leukocytosis <input type="checkbox"/> Leukopenia <input type="checkbox"/> Leukemia <input type="checkbox"/> Lymphoma <input type="checkbox"/> Lymphocytosis <input type="checkbox"/> Lymphoproliferative disorder <input type="checkbox"/> Monoclonal gammopathy <input type="checkbox"/> Multiple myeloma <input type="checkbox"/> Myelodysplastic syndrome or disease (MDS) <input type="checkbox"/> Myeloma	<input type="checkbox"/> Myeloproliferative disease (MPS or MPD) <input type="checkbox"/> Neutropenia <input type="checkbox"/> Non-Hodgkin lymphoma (NHL) <input type="checkbox"/> Pancytopenia <input type="checkbox"/> Polycythemia vera (PV) <input type="checkbox"/> Sarcoma <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Thrombocytosis <input type="checkbox"/> Wilms tumor <input type="checkbox"/> Other _____

4. Test Requested

Molecular Genetic Analysis Test Request: (3 ml bone marrow or blood in an EDTA tube - purple top)	
<input type="checkbox"/> Molecular analysis for leukemia translocation o BCR/ABL - t(9;22) by RT-PCR (QUALITATIVE) o PML/RAR α - t(15;17) by RT-PCR <input type="checkbox"/> NPM-1 <input type="checkbox"/> Tamoxifen GPS Testing (CYP2D6) <input type="checkbox"/> Bone marrow engraftment by STR - Same sex donor and recipient (STR=BME) o Pre-transplant host sample o Post transplant sample o Donor sample You MUST call 513-636-4685 or 513-636-8657 to schedule this test: Bone marrow engraftment (WBC sub-populations) <input type="checkbox"/> STR <input type="checkbox"/> FISH	

Molecular Quantitative Genetic Analysis (5-10ml blood or 3-5ml bone marrow in EDTA sent same day/overnight on ICE)	
<input type="checkbox"/> BCR/ABL- t(9;22) QUANTITATIVE (p210) : new diagnosis <input type="checkbox"/> JAK2 QUANTITATIVE (v617F) : new diagnosis <input type="checkbox"/> BCR/ABL- t(9;22) QUANTITATIVE (p210) : monitoring disease <input type="checkbox"/> 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 (green top) tube **3 ml bone marrow or blood in EDTA (purple top) tube If in media, type: _____ <input type="checkbox"/> Oncology Chromosome Analysis only * <input type="checkbox"/> Oncology Chromosome Analysis and FISH (please specify)* <input type="checkbox"/> Oncology Microarray ** <input type="checkbox"/> Constitutional (blood) Chromosome Analysis* <input type="checkbox"/> Cell culture only * <input type="checkbox"/> Chromosome breakage study (5-10 ml blood in sodium heparin (Green top) tube)	<input type="checkbox"/> FISH only: (please specify) <input type="checkbox"/> t(9;22) [BCR/ABL1] <input type="checkbox"/> t(15;17) [PML/RAR α] <input type="checkbox"/> 11q23 [MLL] <input type="checkbox"/> X/Y [Opposite sex BMT] <input type="checkbox"/> Other (please call lab)	FISH panels (all probes available individually as well) <input type="checkbox"/> ALL Hyperdiploid panel [trisomy 4,10,17] <input type="checkbox"/> ALL Risk Stratification panel [4,10,17; t(12;21); t(9;22);11q23 (MLL)] <input type="checkbox"/> AML panel [t(8;21); 11q23(MLL); inv(16)] <input type="checkbox"/> APL panel [t(15;17); RAR α] <input type="checkbox"/> Burkitt lymphoma panel [t(8;14); 8q24 (C-MYC)] <input type="checkbox"/> CLL panel [13q14.3; 13q34; 12 centromere; ATM(11q22.3); p53] <input type="checkbox"/> Fanconi anemia panel [1q25; 3q27; monosomy 7 / del(7q)] <input type="checkbox"/> Multiple myeloma panel [t(4;14);t(11;14); monosomy 13/del 13q;t(14;16);p53] <input type="checkbox"/> Myeloid disorder panel [mono 5/del 5q; mono 7/del 7q; tri 8; del (20q)] <input type="checkbox"/> SDS panel [mono 7/del 7q; tri 8; del (20q)] <input type="checkbox"/> Large cell NHL panel [2p23.2; t(11;14); t(14;18);17p13 (p53)] <input type="checkbox"/> Small B-cell NHL panel [CLL panel; t(11;14); t(14;18);18q21] <input type="checkbox"/> 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. 10/2010