

CANCER TEST REQUISITION FORM



Cytogenetic Laboratories

Indiana University School of Medicine
975 W. Walnut, IB 350, Indianapolis, IN 46202
317/274-2243 (Office) 317/278-1616 (Fax)
317/274-1053 or 317/274-2246 (Lab)

Patient Laboratory Label

CAP#: 16789-30 CLIA#: 15D0647198

1) PHYSICIAN(S):	FOR LABORATORY USE ONLY:
Referring Physician: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____	Date Received: ____/____/____ Family #: _____ Time Received: ____:____ am/pm Proband: <input type="checkbox"/> Received By: _____ Not Proband: <input type="checkbox"/>
Primary Physician: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____	BM/DN: <input type="checkbox"/> BM/RN: <input type="checkbox"/> BM/DA: <input type="checkbox"/> BM/RA: <input type="checkbox"/> ST: <input type="checkbox"/> FISH: <input type="checkbox"/> x _____ Probes <u>FISH ONLY</u> : Handling Charge: <input type="checkbox"/> x _____ Handling <u>ONLY</u> : <input type="checkbox"/> Lab Comment(s): Vacs: _____ green _____ purple; Other: _____

2) PATIENT INFORMATION:	
Patient Name: _____	
Last Name	First Name Middle Initial
Address: _____	
Street	City State Zip Code
Hospital: _____ Medical Record #: _____	
Date of Birth: _____ Sex: Male Female If Post-Transplant, Donor Sex: Male Female Autologous	
WBC (X10 ³): _____ Blasts: _____	

3) CLINICAL INFORMATION (DO NOT FREEZE SPECIMENS – ALL SPECIMENS MUST BE LABELED):	
Collection Date: _____	Collection Time: _____ Collected By: _____
Referring Diagnosis: _____	
ICD-10 Code(s): _____	

4) SPECIMEN INFORMATION and REQUESTED TESTING:																																					
<input type="checkbox"/> Bone Marrow (ROOM TEMP) Bone Core (ROOM TEMP) Peripheral Blood for Leukemic Studies (ROOM TEMP) <input type="checkbox"/> Tumor / Type: _____ Site: _____ Biliary Stricture Urine (Bladder Cancer)	REQUESTED TESTING Standard Chromosome Analysis (Karyotype) <u>ONLY</u> Chromosome Analysis & Fluorescence In Situ (Select Probe/Panel below) Fluorescence In Situ (FISH) Analysis <u>ONLY</u> Fluorescence In Situ STAT analysis (t(15;17) PML/RARA probe <u>ONLY</u>)																																				
If FISH requested above, please select probe(s)/panel(s) from below:																																					
<table style="width: 100%;"> <tr> <td>1q21</td> <td>4q12 (PDGFRA/CHIC2)</td> <td>del(6q) (PRDM1, MYB)</td> <td>t(9;22) BCR/ABL1</td> <td>13q14 (FOXO1)</td> <td>17p13.1 (TP53)</td> </tr> <tr> <td>t(1;19) (PBX1/TCF3)</td> <td>t(4;14) FGFR3/IGH</td> <td>del(7q)</td> <td>9q34 (ASS1)</td> <td>13q14 (RB1, D13S319)</td> <td>17q21.1 (RARA)</td> </tr> <tr> <td>1q25.2 (ABL2)</td> <td>5q32 (PDGFRB)</td> <td>8 Centromere</td> <td>11q23 (KMT2A)</td> <td>14q32.3 (IGH)</td> <td>del(20q)</td> </tr> <tr> <td>2p24.1 (MYCN)</td> <td>-5/del(5q)</td> <td>t(8;21) RUNX1T1/RUNX1</td> <td>12 Centromere</td> <td>t(14;16) IGH/MAF</td> <td>22q12 (EWSR1)</td> </tr> <tr> <td>inv(3) RPN1/MECOM</td> <td>t(6;9) (DEK/NUP214)</td> <td>9p21 (CDKN2A)</td> <td>12p13 (ETV6)</td> <td>t(15;17) PML/RARA</td> <td>X/Y</td> </tr> <tr> <td></td> <td>11p15.4 (NUP98)</td> <td>9q34.1 (ABL1)</td> <td>t(12;21) ETV6/RUNX1</td> <td>inv(16) CBFβ/MYH11</td> <td>Xp22.3/Yp11.2 (CRLF2)</td> </tr> </table>	1q21	4q12 (PDGFRA/CHIC2)	del(6q) (PRDM1, MYB)	t(9;22) BCR/ABL1	13q14 (FOXO1)	17p13.1 (TP53)	t(1;19) (PBX1/TCF3)	t(4;14) FGFR3/IGH	del(7q)	9q34 (ASS1)	13q14 (RB1, D13S319)	17q21.1 (RARA)	1q25.2 (ABL2)	5q32 (PDGFRB)	8 Centromere	11q23 (KMT2A)	14q32.3 (IGH)	del(20q)	2p24.1 (MYCN)	-5/del(5q)	t(8;21) RUNX1T1/RUNX1	12 Centromere	t(14;16) IGH/MAF	22q12 (EWSR1)	inv(3) RPN1/MECOM	t(6;9) (DEK/NUP214)	9p21 (CDKN2A)	12p13 (ETV6)	t(15;17) PML/RARA	X/Y		11p15.4 (NUP98)	9q34.1 (ABL1)	t(12;21) ETV6/RUNX1	inv(16) CBFβ/MYH11	Xp22.3/Yp11.2 (CRLF2)	ALL Panel – Pediatric (≤18): CRLF2, t(1;19), ABL2, 4/10/17cen, PDGFRB, 9p21, ABL1, t(9;22), KMT2A, t(12;21) ALL Panel – Adult (>18): CRLF2, t(1;19), 4/10/17cen, 9p21, t(9;22), KMT2A, t(12;21) *Ph-like ALL Reflex for t(9;22) neg Ph-like ALL Reflex (Adult): ABL2, PDGFRB, ABL1 MDS Panel: -5/del(5q), del(7q), 8cen, 11q23 (KMT2A), del(20q) *All in AML Panel
1q21	4q12 (PDGFRA/CHIC2)	del(6q) (PRDM1, MYB)	t(9;22) BCR/ABL1	13q14 (FOXO1)	17p13.1 (TP53)																																
t(1;19) (PBX1/TCF3)	t(4;14) FGFR3/IGH	del(7q)	9q34 (ASS1)	13q14 (RB1, D13S319)	17q21.1 (RARA)																																
1q25.2 (ABL2)	5q32 (PDGFRB)	8 Centromere	11q23 (KMT2A)	14q32.3 (IGH)	del(20q)																																
2p24.1 (MYCN)	-5/del(5q)	t(8;21) RUNX1T1/RUNX1	12 Centromere	t(14;16) IGH/MAF	22q12 (EWSR1)																																
inv(3) RPN1/MECOM	t(6;9) (DEK/NUP214)	9p21 (CDKN2A)	12p13 (ETV6)	t(15;17) PML/RARA	X/Y																																
	11p15.4 (NUP98)	9q34.1 (ABL1)	t(12;21) ETV6/RUNX1	inv(16) CBFβ/MYH11	Xp22.3/Yp11.2 (CRLF2)																																
Lymphoma Probes: 2p23.2 (ALK) t(8;14) MYC/IGH t(11;14) CCND1/IGH t(14;18) IGH/BCL2 3q27 (BCL6) 8q24 (MYC) t(11;18) BIRC3/MALT1 18q21 (MALT1)	MPN Panel: -5/del(5q), del(7q), 8cen, t(9;22), 9q34, del(20q) AML Panel: inv(3), -5/del(5q), t(6;9), del(7q), 8cen, t(8;21), 11p15.4 (NUP98), 11q23(KMT2A), t(15;17), inv(16), del(20q) t(15;17) Stat? Yes No Lymphoma Panel: 8q24(MYC), t(8;14), t(14;18) Plasma Cell Myeloma Panel: 1q21, 5p/5q, 7q, t(11;14), 13q14.2(RB1)/13q14.3 (D13S319), 14q32.3 (IGH), 17p13.1 (TP53) CLL Panel: del(6q), 11q22.3(ATM), 12cen, 13q14.3(D13S319), 13q34(LAMP1), 17p13.1(TP53)																																				
Paraffin-Embedded Tissue Section (PET) Probes: HER2 (Breast Cancer, Gastric Cancer) Other FISH Probes: UroVysion (Chromosomes 3, 7, 17, 9p21): Hematuria; Bladder Cancer Biliary Stricture																																					

5) SPECIMEN SHIPPING/HANDLING INFORMATION

Specimen	Collection	Container(s)	Instructions
Peripheral Blood for cancer analysis	7-10mL whole blood (adults) 2-4mL whole blood (infants)	Dark Green-top sodium heparin tube.	Keep at room temperature.
Bone Marrow Aspirate	0.5 mL minimum 2 mL preferred for normal WBC ↓ WBC requires more ↑ WBC requires less 1-2 mL preferred	Dark Green-top sodium heparin tube.	Keep at room temperature.
Formalin-fixed, Paraffin-Embedded Tissue (PET)	4-micron sections on positively charged, circled/marked slides (2-3 slides are sufficient) Corresponding H&E section with area of tumor marked. NO DECALCIFIED BONE!	Slides - NO BLOCKS	Copy of Pathology report and patient/hospital billing information <u>MUST BE INCLUDED</u> with slides.
Urine (Bladder Cancer) *For UroVysion Studies <u>ONLY</u> *	≥ 30 mL	50 mL centrifuge tubes or other tightly capped plastic container.	Keep at room temperature. Copy of Pathology report and patient/hospital billing information <u>MUST BE INCLUDED</u> .

6) SPECIMEN HANDLING REQUIREMENTS

- Use sterile technique; close all containers tightly.
- **Do not freeze any specimen type.**
- Label all containers and requisition forms with patient name, MRN, date of collection, and physician name.
- **Specimens should be received within 24 hours of collection.**

7) PATIENT BILLING INFORMATION:

Bill Patient's Insurance: Policy #: _____ Group #: _____
Insurance/Managed Care Plan: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Relationship to Insured: Self Spouse Other: _____ Insured's Social Security #: _____

OR Copy of patient's insurance card attached

Bill Medicare: _____
 Bill Medicaid: _____
 Bill Patient/Self-Pay (*Please Attach Patient Demographic Sheet*)
 Bill Hospital: _____