

CENTER FOR HUMAN GENETICS LABORATORY

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Hematology / Oncology Specimens

PATIENT INFORMATION (Label)

Name (Last, First) _____ Phone (H) (____) _____ DOB ____/____/____
Address _____ (W) (____) _____ SS# ____-____-____
City/State/Zip _____ Sex: Male Female

Referring Institution _____ MRN _____

Sample: Leukemic Blood Bone Marrow Lymph node Solid Tumor (specify) _____ Other (specify) _____

Date/Time of specimen collection: _____ Person Collecting _____ Location (institution): _____

Diagnostic Status: NEW Monitor Remission Relapse

In treatment: Date of last therapy _____ Regimen/Agents _____

REFERRING PHYSICIAN/PROVIDER

Name _____ Signature _____

Phone: _____ Fax: _____ Pager: _____

BILLING INFORMATION

Results also sent to _____

Bill: Referring Institution Insurance

(Attach Full Patient Demographics and Copy of Insurance card; Medicare: most Outpatient genetic tests require current date signed ABN)

INDICATIONS FOR TESTING / ICD-code (REQUIRED)

TESTS REQUESTED

^ = send out tests

Testing Per Hematopathology Protocol*

*For biopsies having morphologic review at UHCMC Hematopathology
Submit one green top and one purple top tube for Chromosome Analysis, FISH, and Molecular

Cytogenetics and FISH (Requires heparinized sample or Green Top Na-Hep tube; 3+ cc marrow or 7-10 cc leukemic blood)

Chromosome Analysis

UroVysion™ (requires 30-35 cc Urine)

FISH Tests and Panels: (add 1-2 cc marrow or 2-3 cc leukemic blood in Na-Hep for FISH)

Pediatric Pre-B ALL Panel (___ COG* only)

___ 11q23 (KMT2a, aka MLL)*
___ t(12;21) (ETV6/RUNX1)*
___ +4,+10,+17 (ALL Hyperdiploidy Screen)*
___ t(1;19) (TCF3/PBX1)
___ 9p-, +9 (p16/CDKN2A)
___ t(9;22) (BCR/ABL)*

Lymphoma (check individual tests)

___ t(14;18) (BCL2/IGH)
___ t(11;14) (CCND1/IGH)
___ t(8;14) (c-MYC/IGH)

CLL Panel, includes the following

___ 11q- ___ 17p-
___ -13/13q- ___ +12

MDS Panel, includes the following

___ -5/5q- ___ +8 ___ 20q-
___ -7/7q- ___ 13q-

Myeloma Panel, includes the following

___ t(4;14) (FGFR3/IGH)
___ -13/13q- (D13S319, LAMP1)
___ 17p- (p53)
___ +3,+7,+11 (MM Hyperdiploidy Screen)

___ 1q amplification^

___ t(14;16) (IGH/MAF) ^ reflexed†

___ t(11;14) (CCND1/IGH) ^ reflexed†

___ t(14;20) (IGH/CEBPB) ^ reflexed†

† IgH testing reflexed if t(4;14) is abnormal

Oncology Microarray^

AML NCCN Panel, includes the following

___ t(8;21) (RUNX1T1/RUNX1)
___ 11q23 (KMT2A, aka MLL)
___ inv(16) (AML, CBFβ/MYH11)
___ t(15;17) (PML/RARA) (if suspected)
___ t(6;9) (DEK/NUP214)
___ inv(3) (RPN1/EVI1)
___ -5/5q- ___ -7/7a- ___ +8 ___ 17p- (p53)

Other AML/MDS/MPN

___ 4q12 deletion (CHIC2/FIP1L1-PDGFRα)
___ 5q32-q33 (PDGFRβ)^
___ 8p11.2 deletion (FGFR1)
___ 12p13 (ETV6 rearrangement)

___ Other _____

Molecular: (Requires Purple Top tube--EDTA)

___ Factor V Leiden
___ Factor V Leiden with reflex to FV HR2
___ Prothrombin
___ MTHFR - C677T and A1298C
___ Hereditary Hemochromatosis
___ IgHV Mutation Analysis

___ RAS Mutation Analysis
 AML Panel, includes the following
___ CEBPa Mutation Analysis
___ cKIT Mutation Analysis
___ IDH1/2 Mutation Analysis
___ NPM1 Mutation Analysis
___ FLT3 Mutation Analysis^

___ Quantitative PCR for PML/RARA^
___ Quantitative PCR for BCR/ABL
___ ABL1 Kinase Mutation Analysis
___ JAK2 Mutation Analysis^
___ CALR Mutation Analysis
___ DNA Extract and Store
___ Other _____

Pre-Transplant --

CHIMERISM STUDY

-- Post-Transplant

___ Donor Blood (Requires Purple Top tube--EDTA)
___ Recipient Blood (Requires Purple Top tube--EDTA)

___ FISH (X/Y Sex Chromosomes) (Requires Green Top tube--NaHep) --OR--
___ DNA (Microsatellite Analysis) (Requires Purple Top tube--EDTA)