



## CANCER CYTOGENETICS REQUISITION

| Patient Demographics or Place sticker here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Specimen Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Blood/Marrow Samples MUST be in Sodium Heparin</b><br>(NaHep, striped green tube) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Patient Name (Last, First)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Bone Marrow <span style="float: right;"><input type="checkbox"/> R <input type="checkbox"/> L</span><br><input type="checkbox"/> Leukemic Blood <span style="float: right;">_____ % Blasts</span><br><input type="checkbox"/> Lymph Node<br><input type="checkbox"/> Other, specify: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |
| MRN#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DOB<br>/ /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sex<br>M / F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |
| Clinical Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Referring clinician                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |
| Diagnosis (Include ICD10 code) <span style="float: right;"> <input type="checkbox"/> New Diagnosis<br/> <input type="checkbox"/> Relapse<br/> <input type="checkbox"/> Remission       </span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |
| S/P transplant: Y / N      Donor      autologous / M / F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |
| Test Requested                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |
| <input type="checkbox"/> <b>Karyotype (G-band Chromosome Analysis)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |
| <input type="checkbox"/> <b>Genomic Microarray Analysis (arrayCGH)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |
| <input type="checkbox"/> <b>Fluorescence In Situ Hybridization (FISH) - specify probe or panel</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |
| <b>ALL</b><br><input type="checkbox"/> <b>B cell/pre-B cell ALL panel</b><br><div style="background-color: #e0f0ff; padding: 2px;"> <input type="checkbox"/> ABL1::BCR, t(9;22)<br/> <input type="checkbox"/> KMT2A, t(11q23;v)<br/> <input type="checkbox"/> ETV6::RUNX1, t(12;21)<br/> <input type="checkbox"/> CEP4/10/17, hyperdiploidy<br/> <input type="checkbox"/> TCF3::PBX1, t(1;19)<br/> <input type="checkbox"/> CDKN2A, 9p-<br/> <input type="checkbox"/> MYC, t(8q24;v)<br/> <input type="checkbox"/> IGH, t(14q32;v)<br/> <input type="checkbox"/> PAX5, t(9p13.2;v)         </div> <input type="checkbox"/> <b>ph-like ALL panel</b><br><div style="background-color: #e0f0ff; padding: 2px;"> <input type="checkbox"/> ABL2, t(1q25;v)<br/> <input type="checkbox"/> PDGFRB, t(5q33;v)<br/> <input type="checkbox"/> JAK2, t(9p24;v)<br/> <input type="checkbox"/> ABL1, t(9q34;v)<br/> <input type="checkbox"/> CRLF2, t(Xp22.3/Yp11.32;v)         </div> <input type="checkbox"/> <b>T cell ALL panel</b><br><div style="background-color: #e0f0ff; padding: 2px;"> <input type="checkbox"/> TCRA/D, t(14q11;v)<br/> <input type="checkbox"/> TCRB, t(7q35;v)<br/> <input type="checkbox"/> CDKN2A, 9p-<br/> <input type="checkbox"/> TLX3, t(5q35;v)<br/> <input type="checkbox"/> ABL1::BCR, t(9;22)<br/> <input type="checkbox"/> KMT2A, t(11q23;v)         </div> | <b>Myeloid</b><br><input type="checkbox"/> <b>AML panel</b><br><div style="background-color: #e0f0ff; padding: 2px;"> <input type="checkbox"/> ABL1::BCR, t(9;22)<br/> <input type="checkbox"/> KMT2A, t(11q23;v)<br/> <input type="checkbox"/> RUNX1::RUNX1T1, t(8;21)<br/> <input type="checkbox"/> CBFB::MYH11, inv(16)<br/> <input type="checkbox"/> NUP98, t(11p15;v)<br/> <input type="checkbox"/> EGR1, 5q-/5<br/> <input type="checkbox"/> RELN/TES, 7q-/7<br/> <input type="checkbox"/> TP53, 17p-<br/> <input type="checkbox"/> 20q-<br/> <input type="checkbox"/> PML/RARA, t(15;17)<br/> <input type="checkbox"/> GLIS2, inv(16)(cryptic) *<br/> <input type="checkbox"/> MECOM, t(3q26.2;v)         </div> <input type="checkbox"/> <b>MDS panel</b><br><div style="background-color: #e0f0ff; padding: 2px;"> <input type="checkbox"/> EGR1, 5q-/5<br/> <input type="checkbox"/> RELN/TES, 7q-/7<br/> <input type="checkbox"/> MYC/D20S108, +8/20q-<br/> <input type="checkbox"/> TP53, 17p-         </div> <input type="checkbox"/> <b>MPN (CML/PV/ET/PMF/CNL/CMML/MPN unclassifiable)</b><br><div style="background-color: #e0f0ff; padding: 2px;"> <input type="checkbox"/> ABL1::BCR, t(9;22)         </div> <input type="checkbox"/> <b>Mastocytosis/Mast cell disease</b><br><div style="background-color: #e0f0ff; padding: 2px;"> <input type="checkbox"/> FIPIL1/PDGFRB, t(4q12;v)         </div> <input type="checkbox"/> <b>Eosinophilia/MPN with eos.</b><br><div style="background-color: #e0f0ff; padding: 2px;"> <input type="checkbox"/> FIPIL1/PDGFRB, t(4q12;v)<br/> <input type="checkbox"/> PDGFRB, t(5q33;v)<br/> <input type="checkbox"/> FGFR1, t(8p12;v)<br/> <input type="checkbox"/> JAK2, t(9p24;v)<br/> <input type="checkbox"/> ABL1, t(9q34;v)<br/> <input type="checkbox"/> ETV6, t(12p13;v)<br/> <input type="checkbox"/> FLT3, t(13q12;v)<br/> <input type="checkbox"/> CBFB, inv(16)         </div> | <b>Lymphoma</b><br><input type="checkbox"/> <b>B-cell, NOS</b><br><div style="background-color: #e0f0ff; padding: 2px;"> <input type="checkbox"/> BCL6, t(3q27;v)<br/> <input type="checkbox"/> MYC, t(8q24;v)<br/> <input type="checkbox"/> IGH, t(14q32;v)         </div> <input type="checkbox"/> <b>Burkitt</b><br><div style="background-color: #e0f0ff; padding: 2px;"> <input type="checkbox"/> MYC, t(8q24;v)         </div> <input type="checkbox"/> <b>DLBCL</b><br><div style="background-color: #e0f0ff; padding: 2px;"> <input type="checkbox"/> BCL6, t(3q27;v)<br/> <input type="checkbox"/> MYC, t(8q24;v)<br/> <input type="checkbox"/> BCL2 t(18q21;v)         </div> <input type="checkbox"/> <b>Follicular</b><br><div style="background-color: #e0f0ff; padding: 2px;"> <input type="checkbox"/> IGH::BCL2, t(14;18)         </div> <input type="checkbox"/> <b>Mantle Cell</b><br><div style="background-color: #e0f0ff; padding: 2px;"> <input type="checkbox"/> CCND1::IGH, t(11;14)<br/> <input type="checkbox"/> TP53, 17p-         </div> <input type="checkbox"/> <b>Marginal Zone</b><br><div style="background-color: #e0f0ff; padding: 2px;"> <input type="checkbox"/> IGH, t(14q32;v)<br/> <input type="checkbox"/> MALT, t(18q21;v)         </div> <input type="checkbox"/> <b>Splenic Marginal Zone</b><br><div style="background-color: #e0f0ff; padding: 2px;"> <input type="checkbox"/> RELN/TES, 7q-/7<br/> <input type="checkbox"/> IGH, t(14q32;v)<br/> <input type="checkbox"/> MALT, t(18q21;v)         </div> <input type="checkbox"/> <b>T-cell lymphoma, NOS</b><br><div style="background-color: #e0f0ff; padding: 2px;"> <input type="checkbox"/> TCRA/D, t(14q11;v)         </div> <input type="checkbox"/> <b>ALCL</b><br><div style="background-color: #e0f0ff; padding: 2px;"> <input type="checkbox"/> ALK, t(2p23;v)         </div> <input type="checkbox"/> <b>CTCL panel</b><br><div style="background-color: #e0f0ff; padding: 2px;"> <input type="checkbox"/> MYC, 8q24<br/> <input type="checkbox"/> RB1, 13q14.2<br/> <input type="checkbox"/> ATM/TP53, 11q-/17p-<br/> <input type="checkbox"/> CDKN2A, 9p-<br/> <input type="checkbox"/> CTCL1 [ZEB1,STAT3,ARID1A]<br/> <input type="checkbox"/> CTCL2 [DNMT3A,CARD11,FAS]         </div> | <b>Lymphocytic Leukemia</b><br><input type="checkbox"/> <b>CLL panel</b><br><div style="background-color: #e0f0ff; padding: 2px;"> <input type="checkbox"/> DLEU1/CEP12, 13q-/12<br/> <input type="checkbox"/> ATM/TP53, 11q-/17p-         </div> <input type="checkbox"/> <b>B-cell PLL panel</b><br><div style="background-color: #e0f0ff; padding: 2px;"> <input type="checkbox"/> IGH, t(14q32;v)<br/> <input type="checkbox"/> DLEU1, 13q-<br/> <input type="checkbox"/> TP53, 17p-         </div> <input type="checkbox"/> <b>T-cell PLL panel</b><br><div style="background-color: #e0f0ff; padding: 2px;"> <input type="checkbox"/> TCRA/D, t(14q11;v)<br/> <input type="checkbox"/> TCL1, t(14q32;v)<br/> <input type="checkbox"/> ATM/TP53, 11q-/17p-         </div> |                                                                                      |
| <b>OTHER</b><br><input type="checkbox"/> EWSR1 (Ewing's Sarcoma)<br><input type="checkbox"/> PAX3 (Rhabdomyosarcoma)<br><input type="checkbox"/> PAX7 (Rhabdomyosarcoma)<br><input type="checkbox"/> NMYC (Neuroblastoma)<br><input type="checkbox"/> XX/XY (Sex-mismatched BMT/SCT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |
| pediatric FISH<br><div style="background-color: #e0f0ff; padding: 2px;"> <b>Panels in blue, other testing by request</b> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |

**Consent for Testing** I hereby authorize Yale Cytogenetics Lab to perform the selected test(s) on this patient, as well as any additional FISH test(s) deemed clinically necessary. I also authorize the lab to preserve for scientific or teaching purposes or otherwise dispose of any residual sample material not needed for diagnosis.