Cancer Cytogenetics Requisition

Patient Demographics or Place sticker here

Patient Name (Last, First) | Location

MRN# | DOB / / | Sex M / F

Yale Cytogenetics Laboratory
Department of Genetics
WWW335, 333 Cedar Street
New Haven, CT 06510
Phone: 203-785-2146 Fax: 203-785-7342
http://medicine.yale.edu/lab/cytogenetics/

Blood/Marrow Samples MUST be in Sodium Heparin

Clinical Information

Clinical Diagnosis (Include ICD10 code)

☐ New Diagnosis ☐ Relapse ☐ Remission

S/P transplant: Y / N **Donor** autologous / M / F

Check if patient has or may have:

☐ AIDS ☐ EBV ☐ Hepatitis ☐ Other

Specimen Information

☐ **Bone Marrow**
☐ Right ☐ Left
☐ **Leukemic Blood** _____**% Blasts**
☐ **Lymph Node**
☐ **Other, specify:** _____

Test Requested

☐ **Karyotype (G-band Chromosome Analysis)**

☐ **Genomic Microarray Analysis (Array CGH)**

☐ **Fluorescence In Situ Hybridization (FISH) - specify below**

ALL

☐ ***B cell/pre-B cell ALL panel***
- ☐ ABL1/BCR, t(9;22) *
- ☐ KMT2A, t(11q23;v) *
- ☐ ETV6-RUNX1, t(12;21) *
- ☐ CEP4*/10*/17, hyperdiploidy
- ☐ IGH, t(14q32;v)
- ☐ MYC, t(8q24;v)
- ☐ CDKN2A, 9p-
- ☐ TP53, 17p-
- ☐ TCF3/PBX1, t(1;19)

☐ ***ph-like ALL panel***
- ☐ ABL2, t(1q25;v) *
- ☐ PDGFRB, t(5q33;v) *
- ☐ JAK2, t(9p24;v)
- ☐ ABL1, t(9q34;v) *
- ☐ CRLF2, t(Xp22.3/Yp11.32;v)

*** COG high-risk ALL required testing**

☐ ***T cell ALL panel***
- ☐ TCRA/D, t(14q11;v)
- ☐ TCRB, t(7q35;v)
- ☐ CDKN2A, 9p-
- ☐ ABL1, t(9q34;v)
- ☐ TLX3, t(5q35;v)

Panels in blue,
other testing by request

Lymphoma

☐ ***T-cell lymphoma panel***
- ☐ TCRA/D, t(14q11;v)
- ☐ TCRB, t(7q35;v)
- ☐ CDKN2A, 9p-

☐ ***B-cell lymphoma panel***
- ☐ IGH, t(14q32;v)
- ☐ MYC, t(8q24;v), Burkitts
- ☐ BCL6, t(3q27;v)
- ☐ MALT, t(18q21;v)
- ☐ ALK, t(2p23;v)
- ☐ CCND1-IGH, t(11;14), Mantle cell
- ☐ IGH-BCL2, t(14;18), Follicular
- ☐ BCL2 (18q21), DLBCL
- ☐ 7q-, splenic MZL

☐ ***CTCL panel***
- ☐ MYC, 8q24
- ☐ RB1, 13q14.2
- ☐ ATM/TP53, 11q-/17p-
- ☐ CDKN2A, 9p-
- ☐ CTCL1 [ZEB1,STAT3,ARID1A]
- ☐ CTCL2 [DNMT3A,CARD11,FAS]

Waldenstroms/LPL

☐ ***Myeloma panel***
(IGH, 9/15/17, 13q-, 1p/1q)

☐ ***B-cell lymphoma panel***
(IGH, MYC, BCL6)
- ☐ MYB, 6q-

MGUS/MM

☐ ***Myeloma panel***
- ☐ IGH, t(14q32;v)
- ☐ 9/15q/17p, Hyperdiploidy
- ☐ DLEU1, 13q-
- ☐ CKS1B/CDKN2C, 1p/1q
- ☐ CCND1-IGH, t(11;14)
- ☐ FGFR1-IGH, t(4;14)
- ☐ IGH-MAF, t(14;16)
- ☐ IGH-MAFB, t(14;20)
- ☐ CCND6-IGH, t(6;14)

Lymphocytic Leukemia

☐ ***CLL panel***
- ☐ DLEU1/CEP12, 13q-/+12
- ☐ ATM/TP53, 11q-/17p-
- ☐ IGH, t(14q32;v)
- ☐ MYC, +8
- ☐ MYB, 6q-
- ☐ BCL6, 3q amplification

☐ ***B-cell PLL panel***
- ☐ IGH, t(14q32;v)
- ☐ DLEU1, 13q-
- ☐ TP53, 17p-

☐ ***T-cell PLL panel***
- ☐ TCRA/D, t(14q11;v)
- ☐ MYC, t(8q24;v)
- ☐ ATM/TP53, 11q-/17p-

MPD/MPN

☐ ***CML***
- ☐ ABL1/BCR, t(9;22)
- ☐ **STAT** (call lab)

☐ ***MPD (unspec.), ET, CNL***
- ☐ MYC/D20S108, +8/20q-
- ☐ ABL1/BCR, t(9;22)

☐ ***Polycythemia Vera***
- ☐ MYC/D20S108, +8/20q-
- ☐ DLEU1, 13q-
- ☐ CDKN2A, 9p-

☐ ***Primary Myelofibrosis***
- ☐ MYC/D20S108, +8/20q-
- ☐ DLEU1, 13q-
- ☐ CKS1B/CDKN2C, 1p/1q

☐ ***Mastocytosis/Mast cell disease***
- ☐ FIPIL1/PDGFRA, t(4q12;v)

☐ ***Eosinophilia***
- ☐ FIPIL1/PDGFRA, t(4q12;v)
- ☐ PDGFRB, t(5q33;v)
- ☐ FGFR1, t(8p12;v)
- ☐ JAK2, t(9p24;v)
- ☐ ABL1, t(9q34;v)
- ☐ ETV6, t(12p13;v)
- ☐ FLT3, t(13q12;v)
- ☐ CBFB, inv(16)

MDS

☐ ***MDS panel***
- ☐ EGR1, 5q-/-5
- ☐ RELN/TES, 7q-/-7
- ☐ MYC/D20S108, +8/20q-

AML

☐ ***AML panel***
- ☐ ABL1/BCR, t(9;22)
- ☐ KMT2A, t(11q23;v) *
- ☐ RUNX1-RUNX1T1, t(8;21) *
- ☐ CBFB-MYH11, inv(16) *
- ☐ NUP98, t(11p15;v) *
- ☐ PML/RARA, t(15;17)
  - ☐ **STAT** (call lab)
- ☐ MECOM, t(3q26.2;v)
- ☐ ETV6, t(12p13;v)
- ☐ GLIS2, inv(16)(cryptic) *

*** COG - AML required testing**

OTHER

- ☐ EWSR1 (Ewing's Sarcoma)
- ☐ PAX3 (Rhabdomyosarcoma)
- ☐ PAX7 (Rhabdomyosarcoma)
- ☐ NMYC (Neuroblastoma)

Sex-mismatched BMT/SCT

- ☐ XX/XY

Referring Clinicians		
	MD:	**MD:**
	Phone:	**Phone:**
	Fax:	**Fax:**

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.