



\*LAB05\*

ALLINA HEALTH LABORATORY
CYTOGENETICS - ONCOLOGY
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BILL TO: MUST CHECK ONE [ ] CLIENT [ ] PATIENT/INSURANCE

Submitter: XADO (Opt OUT/Non-Participating Patient)

Facility Name:

Address:

Phone:

Complete Provider Name:

-AND-

Provider Allina Health ID Number:

-OR-

Provider NPI Number:

[X] Fax report to ( ) -

FOR STAT SAMPLES:

[ ] STAT Call to ( )

Clinical Indication for Testing:

DATE & TIME COLLECTED DRAWN BY (AHL Staff use Tech # Only)
SOCIAL SECURITY # [ ] MALE BIRTH DATE (MM-DD-YYYY)
[ ] FEMALE
PATIENT NAME: LAST, FIRST M.I. CHART #
PATIENT ADDRESS: STREET and CITY
STATE ZIP PATIENT PHONE ( )
[ ] MEDICARE PRIMARY [ ] MEDICARE SECONDARY
MEDICARE
MEDICAL ASSISTANCE NUMBER STATE
INSURANCE CO. NAME RELATIONSHIP OF PATIENT TO INSURED
[ ] SELF [ ] SPOUSE [ ] DEPENDENT
[ ] OTHER
POLICY HOLDER'S NAME POLICY HOLDER DATE OF BIRTH (IF NOT PATIENT)
SUBSCRIBER ID # GROUP #
Dx1 Dx2 Dx3 Dx4

Ordering Physician Signature

Referring Physician

Clinician Phone #

Clinician Fax #

Clinician Phone #

Clinician Fax #

ONCOLOGY TEST INFORMATION (must select specimen type)

Pathologist

Pathology Case #:

ONCOLOGY SPECIMEN TYPES (See back page for specimen requirements)
[ ] BONE MARROW (LAB12453 & LAB12482)
[ ] Aspirate [ ] Core
[ ] LEUKEMIC BLOOD (LAB4280H)
[ ] LYMPH NODE (LAB12453 & LAB12482)
[ ] MALIGNANT TISSUE (LAB12453 & LAB12482)
[ ] URINE for FISH only (LAB4280Z)

ONCOLOGY CYTOGENETIC TESTS [ ] CHECK BOX IF HOLD
[ ] ONCOLOGY CHROMOSOMES CSBM, CSLB, CSLN, CSMT
Requires specimen in NaHep for bone marrow or blood
[ ] CONGENITAL BLOOD CHROMOSOMES CSBLD
To rule out congenital abnormality - requires peripheral blood specimen in NaHep
[ ] CHROMOSOMAL MICROARRAY - CMA CMAO
Requires specimen in both EDTA and NaHep for bone marrow or blood

[ ] CHECK BOX IF HOLD

ONCOLOGY FISH STUDIES (must select specimen type above)

ONCOLOGY FISH PANELS - Select panel or individual tests

ONCOLOGY CYTOGENETIC FISH TESTS

ONCOLOGY CYTOGENETIC FISH TESTS (continued)

B or T Cell ALL Panels
[ ] B Cell ALLP [ ] T Cell TALLP
[ ] BCR/ABL1 [t(9;22)] [ ] BCR/ABL1 [t(9;22)]
[ ] ETV6/RUNX1 [t(12;21)] [ ] P16 (CDKN2A) 9p21
[ ] MLL (11q23) Reflex to
[ ] Aneuploidy 4/10/17 [ ] TCR (TRA/D) 14q11.2
Reflex to [ ] TCRB (7q34)
[ ] IGH (14q32) [ ] TCL1 (14q32)
[ ] CRLF2 (Xp22.3/Yp11.3)
[ ] AML Panel (Follows COG protocol for AML) AMLP
[ ] BCR/ABL1 [t(9;22)] [ ] 5q31 deletion/ -5
[ ] RUNX1T1/RUNX1 [t(8;21)] [ ] 7q31 deletion/ -7
[ ] MLL (11q23) [ ] CBFB (16q22)
[ ] CLL Panel (Recommended for all CLL patients) CLLP
[ ] 6q deletion [ ] Trisomy 12
[ ] ATM deletion (11q22.3) [ ] 13q14 deletion/ -13
[ ] TP53 deletion (17p13.1) [ ] CCND1/IGH [t(11;14)]
[ ] Eosinophilia Panel EOSINP
[ ] BCR/ABL1 [t(9;22)] [ ] PDGFRB (5q32)
[ ] CHIC2 (PDGFRA) 4q12 [ ] FGFR1 (8p12)
[ ] Lymphoma Panel NHLP
[ ] BCL6 (3q27) [ ] IGH/BCL2 [t(14;18)]
[ ] MYC (8q24)
[ ] MDS Panel (Recommended when chromosome results are not available) MDSP
[ ] 5q31 deletion / -5 [ ] 20q12 deletion
[ ] 7q31 deletion / -7 [ ] Trisomy 8
[ ] MLL (11q23)
[ ] Myeloma Panel %Plasma cells MMP
FISH studies on enriched plasma cells ENRICH
[ ] CDKN2C/CKS1B (1p/q) [ ] IGH (14q32)
[ ] 13q14 deletion/ -13 [ ] TP53 (17p13.1)
Reflex to
[ ] CCND1/IGH [t(11;14)] [ ] CCND3/IGH [t(6;14)]
[ ] FGFR3/IGH [t(4;14)] [ ] IGH/MAFB [t(14;20)]
[ ] IGH/MAF [t(14;16)]

[ ] 5q31 deletion / Monosomy 5 (-5) 5Q-
[ ] 6q deletion -6Q21
[ ] 7q31 deletion / Monosomy 7 (-7) 7Q-
[ ] Trisomy 8 (+8) TR8
[ ] Trisomy 12 (+12) TR12
[ ] 13q14 deletion 13Q-
[ ] 20q12 deletion 20Q-
[ ] Aneuploidy 4/10/17 4/10/17
[ ] ALK (non-morphometric) 2p23 ALKF
[ ] API2/MALT1 t(11;18) API2MALT
[ ] ATM deletion 11q22.3 ATM
[ ] BCL2 18q21 BC2
[ ] BCL2/IGH t(14;18) IGHBCL2
[ ] BCL6 3q27 BC6
[ ] BCR/ABL1 t(9;22) BCR
[ ] CBFB 16q22 CBFB
[ ] CCND1/IGH t(11;14) CD1
[ ] CCND3/IGH t(6;14) IGHCCND3
[ ] CDKN2C (P18)/CKS1B 1p32.3/1q21 GOI
[ ] CHIC2/FIP1L1/PDGFR 4q12 CHIC
[ ] CRLF2 Xp22.3/Yp11.3 GOI
[ ] ETV6 (TEL) 12p13 ETV
[ ] ETV6/RUNX1 (TEL/AML1) t(12;21) ETV6
[ ] EWSR1 (non-morphometric) 22q12 EWSR1
[ ] FGFR1 8p12 FGFR1
[ ] FGFR3/IGH t(4;14) FGFR
[ ] IGH 14q32 IGH
[ ] IGH/MAF t(14;16) MAF
[ ] IGH/MAFB t(14;20) IGHMAFB
[ ] IGH/MALT1 t(14;18) IGHMALT1
[ ] MALT1 18q21 MALT
[ ] MECOM 3q26.2 MECOM
[ ] MLL 11q23 MLL
[ ] MYC 8q24 CMYC
[ ] MYC/IGH t(8;14) MYC
[ ] MYCN 2p24 NMYC

[ ] P16 (CDKN2A) deletion 9p21 CDKN
[ ] PDGFRB 5q32 PDGFRB
[ ] PML/RARA t(15;17) PML
[ ] RUNX1T1/RUNX1 (AML1/ETO) t(8;21) RUNX
[ ] SYT (SS18) (non-morphometric) 18q11.2 SS18
[ ] TCF3 19p13 TCF3
[ ] TCL1 14q32 TCL1
[ ] TCR (TRA/D) 14q11 TCR
[ ] TCRB 7q34 TCRB
[ ] TP53 deletion 17p13.1 TP53
[ ] Other
Misc. Cytogetic Oncology FISH Study GOI

ONCOLOGY MORPHOMETRIC FISH TESTS (LAB12379)
[ ] ALK Non-Small Cell Lung Cancer 2p23 ALKP
[ ] CHOP (DDIT3) Myxoid Liposarcoma 12q13 CHOP
[ ] EWSR1 Ewing Sarcoma 22q12 EWSR
[ ] FOXO1 (FKHR) Rhabdomyosarcoma 13q14 FOXO
[ ] FUS Fibromixoid Sarcoma 16p11.2 FUS
[ ] HER2/neu 17q12 HFISH
[ ] MDM2 Liposarcoma 12q15 MDM2
[ ] Oligodendroglioma Panel 1p36/19q13 OLIG
[ ] SYT (SS18) Synovial Sarcoma 18q11.2 SYT
[ ] Urine Bladder Cancer Aneuploidy UFISH
[ ] Other
Misc. Morphometric Oncology FISH Study GENM

Affix RQ Label Here

TUBE/CONTAINER(S) RECEIVED: Na Hep (Dk Green) \_\_\_\_\_ EDTA(Lavender) \_\_\_\_\_ 15ml conical tube \_\_\_\_\_ Sterile Cup \_\_\_\_\_ Histo container \_\_\_\_\_ Other \_\_\_\_\_

CYTOGEN-ONC (7/15)

[ ] Ordered by (A#) \_\_\_\_\_

## ONCOLOGY CYTOGENETIC SPECIMEN REQUIREMENTS

### Bone Marrow:

- 3-5 cc in sodium heparin at room temperature for chromosomes and/or FISH tests.
- An additional 3-5 cc in EDTA at room temperature is needed for microarray tests.
- 10 mm bone marrow core biopsy placed in sterile culture media or saline, transported at room temperature.
- If the FISH study is for a patient with Multiple Myeloma (MM), submit a minimum of 6 cc bone marrow in sodium heparin at room temperature. The sample will be enriched for plasma cells if the sample is received within 3 days after collection.
- If the study is for a patient with Chronic Lymphocytic Leukemia (CLL) a leukemic blood sample is preferred.

### Leukemic (Peripheral) Blood:

- 5 cc in sodium heparin at room temperature for chromosomes and/or FISH tests.
- An additional 3-5 cc in EDTA at room temperature is needed for microarray tests.

### Malignant Tissue/Lymph Node:

Transport immediately at room temperature approximately 5 mm<sup>3</sup> of the involved tissue in sterile culture medium or saline.

### Urine (for Bladder Cancer Aneuploidy FISH test):

Collect a minimum of 30 cc in a sterile collection cup at room temperature. Refrigerate if not sending same day. Must send within 24 hr.

## REFLEX TESTING

Note: Cytogenetic studies may require additional tests, cells analyzed, karyograms, or stains performed at the discretion of a cytogenetics director. These additional processes, deemed necessary to complete the diagnostic result, will be reported and billed as reflex charges.

## MISCELLANEOUS ONCOLOGY CYTOGENETIC TESTS

<u>Additional Culture</u>		<u>Additional Analysis</u>		<u>Limited chromosome studies</u>	
FRZ	Cryopreserve Culture	ADDST	Individual Special Stain	LBMS	Limited Bone Marrow Study
THAW	Thaw Frozen Cells For Culture	ADDCT	Additional Cells Analyzed	LLBS	Limited Leukemic Blood Study
BMFC	Bone Marrow/Leukemic Blood Culture Only	ADDKT	Additional Cells Karyogramed	LMTS	Limited Malignant Tissue Chromosome Study
MTFC	Malignant Tissue/Lymph Node Culture Only	FISHI	MD Professional Interpretation	LLNS	Limited Lymph Node Chromosome Study