WashU Medicine

Clinical Genomics Laboratory - Cytogenetics: Cancer

Shipping Address

Washington University Pathology Services
Clinical Support Office
425 S. Euclid Ave., Room 4701
MSC 8024-14-4711
St. Louis, MO 63110

Sample drop-off locations:

Clinical Support Office
509 S. Euclid Ave.
4th Floor West Bldg, Room 4711
St. Louis, MO 63110
Tel: (314) 454-8101
(8:00am - 5:00pm)

Institute of Health (IOH) Core Lab
425 S. Euclid Ave., Room 4701
St. Louis, MO 63110
Tel: (314) 362-1470
AFTER HOURS

This requisition has two pages, please complete both pages to ensure testing.

PATIENT IDENTIFICATION

Patient Status: ☐ Inpatient   ☐ Outpatient   ☐ Office Visit

Name Last: First: MI:

DOB (mm/dd/yyyy):   Sex: ☐ Male   ☐ Female

Medical Record # (if applicable):

Address:

City: State: Zip:

Ethnicity (select all that apply)

☐ African American   ☐ Asian   ☐ Caucasian/NW European

☐ E Indian   ☐ Hispanic   ☐ Jewish-Ashkenazi   ☐ Jewish-Sephardic

☐ Mediterranean   ☐ Native Hawaiian/Pacific Islander   ☐ Other

PHYSICIAN Ordering TEST *(NPI required)*

Name:

Institution:

NPI: Email:

Address:

City: State: Zip:

Phone: Fax:

Alternative Contact Information:

Phone: Email:

Notes:

SPECIMEN (check one)

Date Specimen Collected:

☐ Peripheral Blood   ☐ Bone Marrow   ☐ Bone Core   ☐ Solid Tumor   ☐ Lymph Node

Tissue Biopsy, specify:

CLINICAL INFORMATION

Clinical Diagnosis (lymphocytic leukemias and lymphomas, please indicate if B or T cell):

ICD10 Code:

WBC%:

Disease Status: ☐ New Diagnosis   ☐ Relapse   ☐ Remission

Circulating Blasts:

Post: BMT/SCT: ☐ Autologous   ☐ Male Donor   ☐ Female Donor

Immunophenotype:

TESTING REQUESTED (check all that apply)

Chromosome Analysis/ Karyotype ☐   **FISH per algorithm** ☐

Fluorescence In-Situ Hybridyzation (Chromosome abnormality/Probe Loci are indicated. *denotes probes available but not included in panel)

AML Panel
☐ t(15;17) - *PML::RARA*
☐ t(v;17) - *RARA**
☐ t(8;21) - *RUNX1::RUNX1T1*
☐ inv(16) - *CBFB*
☐ 11q23 - *KMT2A* (MLL)
☐ +8 - CEP 8
☐ -7/del(7) - D7S486
☐ -5/del(5) - *EGR1*
☐ 3q26 - *MECOM* (EVI1)
☐ 11p15.4-*NUP98* (patient <50)
☐ t(9;22) - *BCR::ABL1*

Mantle Cell
☐ t(11;14) - *CCND1::IGH*

SCLL
☐ 8p12 - *FGFR1*

B-cell ALL Panel
☐ t(12;21) - *ETV6::RUNX1*
☐ 11q23 - *KMT2A* (MLL)
☐ Hyper/Hypo-diploid - CEP 4,10,17
☐ t(1;19)/t(17;19) - *TCF3*
☐ t(9;22) - *BCR::ABL1*
☐ del(9)(p21) - *CDKN2A*
☐ 14q32 - *IGH*
☐ Xp/Yp rearrangement - *CRLF2*
☐ 9q34.12 - *ABL1*
☐ 1q25.2 - *ABL2*
☐ 5q32-33 - *PDGFRB*

MDS Panel
☐ -7/del(7) - D7S486
☐ -5/del(5) - *EGR1*
☐ del20q - D20S108
☐ 12p13 - *ETV6*
☐ +8 - CEP 8
☐ del13q - D13S319
☐ 17p13 - *TP53*

CLL Panel
☐ +12 - CEP *12*
☐ del13q - D13S319
☐ 11q22.3 - *ATM*
☐ 17p13 - *TP53*
☐ t(11;14) - *CCND1::IGH*
☐ 3q27 - *BCL6*
☐ 6q23 - *MYB**
☐ 18q21 - *BCL2**

Multiple Myeloma Panel
☐ del13q - D13S319
☐ t(4;14) - *FGFR3::IGH*
☐ 17p13 - *TP53*
☐ 1p32.3/1q21 - *CKS1B/CDKN2C*
☐ t(14;16) - *IGH::MAF*
☐ t(11;14) - *CCND1::IGH*

T-cell ALL Panel
☐ 14q11 - TCR(TRA/D)
☐ 7q34 - *TRB*
☐ 11q23 - *KMT2A* (MLL)
☐ 9p21 - *CDKN2A*

MPN Panel
☐ *FIP1L1/PDGRFA* - *CHIC2*/del 4q12
☐ t(9;22) - *BCR::ABL1*
☐ 5q32-33 - *PDGFRB*
☐ 8p12 - *FGFR1*

Anaplastic
☐ 2p23 - *ALK*

Lymphoma Panel
☐ 14q32 - *IGH*
☐ 3q27 - *BCL6**
☐ 8q24 - *MYC*

Burkitt's Panel
☐ t(8;14) - *MYC::IGH*
☐ 8q24 - *MYC*

Waldenstrom Macroglobulinemia Panel
☐ 6q23 - *MYB*
☐ 11q22.3 - *ATM*/CEP11
☐ del13q - D13S319/*LAMP1*
☐ 17p13 - *TP53*
☐ CEP 4

Diffuse Large Cell
☐ 6p25 - *IRF4*
☐ t(14;18) - *IGH::BCL2*
☐ 8q24 - *MYC*
☐ 3q27 - *BCL6*

MALT Panel
☐ 18q21 - *MALT1*
☐ t(11;18)-*BIRC3::MALT1*
☐ t(14;18) - *IGH::MALT1*

Sex Mismatch Transplant
☐ *SRY*/CEP X/CEP Y

CMML
☐ 5q32-33 - *PDGFRB*

CML
☐ t(9;22) - *BCR::ABL1*

REFERRING PHYSICIANS (Name, address, and contact information of ordering physician is required. Residents must include attending physician contact information)

Doctor:

Address:

Tel: Fax: Pager: