



# Cytogenetics Cancer Studies Requisition

## Royal Columbian Hospital Molecular Cytogenetics Laboratory

Rm B180 - 330 East Columbia Street, New Westminster, BC V3L 3W7

Tel: (604) 520-4484 Fax: (604) 520-4149

Patient Information		Physician Information
Patient Name  Last <span style="margin-left: 150px;">First</span>		Ordering Physician (Name and Billing #)
Date of Birth (DD/MM/YYYY)	PHN	Additional Reports to (Name and Billing #)
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Patient Phone#	
Patient Address		

**Note:** All Non-Canadian Residents must submit a signed and witnessed FHA waiver form. Please attach waiver to the lab requisition.

**Further Collection and Waiver Form:** [Molecular Cytogenetics Specimen Collection and Submission](#)

### Diagnosis and Clinical History

Please specify:

Previous Cytogenetic Analysis:  Yes  No    Cytogenetics Accession # \_\_\_\_\_

### Specimen Type: Peripheral Blood

- CLL**     **stimulated Karyotype and FISH:** MYB, ATM, CEN 12, 13q14.3, IGH, TP53 - 3 mL in Sodium Heparin to RCH  
 IGHV Mutational Status Test - 2 x 5 mL in EDTA
- CML**     **Diagnostic FISH:** BCR/ABL1 t(9;22) - 3 mL in Sodium Heparin to RCH  
 MRD Baseline     MRD Monitor     Kinase Domain - 4 x 6 mL in EDTA, to BCCA Cancer Genetics Laboratory
- APL**     **Diagnostic FISH:** PML/RARA t(15;17) - 3 mL in Sodium Heparin to RCH  
 MRD Baseline     MRD Monitor - 4 x 6 mL in EDTA, send to BCCA Cancer Genetics Laboratory

### Specimen Type: Bone Marrow

Prebook the Bone Marrow procedure with the Hematology Department of the collecting Hospital.

Collection Criteria: **2 x 2- 4 mL Bone Marrow in Transport Media** (available from RCH Molecular Cytogenetics Laboratory)

### Procuring Physician:

Collection date: \_\_\_\_\_

<p>Acute Myeloid Leukemia    <input type="checkbox"/> Karyotype  <input type="checkbox"/> FISH (specify):  <input type="checkbox"/> PML/RARA t(15;17)  <input type="checkbox"/> AML1/ETO t(8;21)  <input type="checkbox"/> CBFβ rearrangement inv(16)  <input type="checkbox"/> BCR/ABL1 t(9;22)</p>	<p>Acute Lymphoblastic Leukemia    <input type="checkbox"/> Karyotype  <input type="checkbox"/> FISH: BCR/ABL1 t(9;22)</p>
<p>Acute Promyelocytic Leukemia    <input type="checkbox"/> Karyotype  <input type="checkbox"/> FISH: PML/RARA t(15;17)</p>	<p>Chronic Lymphocytic Leukemia    <input type="checkbox"/> Karyotype  <input type="checkbox"/> CLL FISH Panel:  MYB, ATM, CEN 12, 13q14.3, IGH, TP53</p>
<p>Chronic Myelogenous Leukemia    <input type="checkbox"/> Karyotype  <input type="checkbox"/> FISH: BCR/ABL1 t(9;22)</p>	<p>Lymphoma  Burkitt    <input type="checkbox"/> Karyotype  DLBC/Double hit/Triple hit    FISH (specify):  Mantle Cell    <input type="checkbox"/> MYC  Other (Specify): _____    <input type="checkbox"/> MYC, IGH/BCL2 t(14;18)/ BCL6  <input type="checkbox"/> CCND1/IGH t(11;14)</p>
<p>Myelodysplastic Syndrome    <input type="checkbox"/> Karyotype  <input type="checkbox"/> MDS FISH Panel:  EGR1, CSF1R, RELN, CEP 8</p>	<p>Lymphoid and Myeloid Neoplasm with Eosinophilia    <input type="checkbox"/> Karyotype  <input type="checkbox"/> Eosinophilia FISH Panel:  FIP1L1/CHIC2/PDGFRα, PDGFRβ, FGFR1</p>
<p>Myeloproliferative Neoplasm    <input type="checkbox"/> Karyotype  <input type="checkbox"/> FISH: BCR/ABL1 t(9;22)</p>	<p>Multiple Myeloma    <input type="checkbox"/> Karyotype  <input type="checkbox"/> MM FISH Panel</p>

<b>Ordering Physician Signature (Required)</b>	<b>Date (DD/MM/YYYY)</b>
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### Lab Use Only: