



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 First		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: <input type="checkbox"/> Yes <input type="checkbox"/> No Cytogenetics Accession # _____

Specimen Type: Peripheral Blood
CLL <input type="checkbox"/> stimulated Karyotype and FISH: MYB, ATM, CEN 12, 13q14.3, IGH, TP53 - 3 mL in Sodium Heparin to RCH
CML <input type="checkbox"/> Diagnostic FISH: BCR/ABL1 t(9;22) - 3 mL in Sodium Heparin to RCH <input type="checkbox"/> MRD Baseline <input type="checkbox"/> MRD Monitor <input type="checkbox"/> Kinase Domain - 4 x 6 mL in EDTA, to BCCA Cancer Genetics Laboratory
APL <input type="checkbox"/> Diagnostic FISH: PML/RARA t(15;17) - 3 mL in Sodium Heparin to RCH <input type="checkbox"/> MRD Baseline <input type="checkbox"/> 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: _____																				
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Ordering Physician Signature (Required)	Date (DD/MM/YYYY)
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Lab Use Only: Date Received: _____ Specimen Received: _____
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