2023
V 3.0

CYTOGENOMICS LABORATORY REQUISITION
Hematological Neoplasia

Vancouver General Hospital
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VGH Cytogenetics Number

Other Case Numbers

PHYSICIAN INFORMATION		PATIENT INFORMATION	
ORDERING PHYSICIAN	BILLING #	SURNAME	GIVEN NAME(S)
ADDRESS		DATE OF BIRTH (DD/MM/YYYY)	PHN
PHONE #	FAX	GENDER	☐ INPATIENT Ward:…… ☐ OUTPATIENT
ADDITIONAL REPORTS TO (include first name or billing #):		ADDRESS	

HEMATOLOGIC NEOPLASIA

Reason for Testing - REQUIRED

☐ AML ☐ CLL
☐ ALL ☐ MDS
☐ CML ☐ MPN
☐ Multiple Myeloma
☐ Lymphoma; *specify:* ……..
☐ Other; *specify:* ……....

☐ New Diagnosis
☐ Follow-up
☐ Pre-SCT; *Date of SCT:* ……

Pathologist: ……...

Test Requested: ☐ Routine ☐ Priority ☐ By Date:

☐ **Karyotype / OGM***
*OGM currently processed only for newly diagnosed acute leukemia

☐ **FISH**
- ☐ t(9;22) [BCR/ABL1]
- ☐ t(15;17) [PML/RARA]
- ☐ KMT2A [MLL]
- ☐ Multiple Myeloma panel ♦
- ☐ CLL panel
- ☐ t(11;14) [CCND1/IGH]
- ☐ MYC
- ☐ BCL2
- ☐ BCL6
- ☐ XY: *Donor is* ☐ Male ☐ Female
- ☐ PDGFRA
- ☐ PDGFRB
- ☐ FGFR1
- ☐ JAK2
- ☐ 5q
- ☐ 7q
- ☐ 8 centromere
- ☐ 20q
- ☐ Other: *Specify* …….
  ……..

☐ **IGHV Mutational Analysis.** Two (2) x 5 mL PB in lavender EDTA tubes

Relevant Clinical History (*please describe*):

ORDERING PHYSICIAN SIGNATURE – REQUIRED

SPECIMEN REQUIREMENTS *Ship at room temperature, courier overnight M-Th only.*

☐ **Bone Marrow**: 2 x1 mL in collection media, 1st or 2nd pull **AND**
1 x2 mL in EDTA **AND** 2 unstained, untreated smears

☐ **Bone Core Biopsy:** ≥ 1 cm, if poor aspirate or dry tap; do not use for touch preps

☐ **Blood**: 5 mL Sodium Heparin Blood for Cytogenetics and FISH

♦ **Multiple Myeloma**: send 6 untreated, unstained smears
IGHV MA: 2 x 5 mL PB in EDTA tube

COLLECTION INFORMATION
Date:…… Time:…..……
Location: ...……..……
Collected by: ……..……

CG LABORATORY USE ONLY
Date Received: ……..
Date Incubated: ……..……..
Log-in Tech: ……

Tests Performed:
☐ Karyotype
☐ FISH
☐ Mosaicism
☐ OGM

SPECIMEN(S) RECEIVED
……..…….. NaHep tube …… EDTA tube
…… mL BM/tube 1 ……..... Top
…… mL BM/tube 2
…… Smears …… Other

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