2012
V 1.1

CYTOGENETICS LABORATORY REQUISITION
Hematological Neoplasia

Vancouver General Hospital
899 West 12th Avenue, Vancouver, BC, V5Z 1M9
Tel: 604-875-4129 • Fax: 604-875-4333

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**

☐ **FISH**
- ☐ t(9;22)
- ☐ t(8;21)
- ☐ t(15;17)
- ☐ inv(16)
- ☐ MLL
- ☐ t(11;14)
- ☐ Multiple Myeloma panel ♦
- ☐ CLL panel
- ☐ MYC
- ☐ t(8;14)
- ☐ t(14;18)
- ☐ PDGFR ☐ alpha ☐ beta
- ☐ 5q
- ☐ 7q
- ☐ 8 centromere
- ☐ 20q
- ☐ XY; *Donor:* ☐ Male ☐ Female
- ☐ Other; *Specify* …….

☐ **Molecular** *(Sample will be forwarded to BCCA Clinical Genetics Lab)* ✦
☐ Jak2 ☐ BCR-ABL Baseline PCR

NOTE: *Cytogenetic studies represent single asterisk MSP fee items and are subject to review and approval by the Laboratory Physician*

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 unstained, untreated smear
☐ **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
✦20ml EDTA for Molecular testing
♦ ☐ **Multiple Myeloma**: send also 3-4 untreated, unstained smears

COLLECTION INFORMATION

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

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

Tests Performed:
☐ Karyotype
☐ FISH
☐ Mosaicism

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