

Last Name: _____ First Name: _____

Sex: _____ Date of Birth: _____ PT#: _____

SSN: _____ Phone (Day): _____ Phone (Eve): _____

Address: _____

Charge to (please attach admissions face sheet, completed insurance forms, and/or a copy of insurance card.
If not available, please complete the following):

Insurance Company: _____ Phone: _____

Address: _____

Policy Holder: _____ ID#: _____ Group#: _____

Inpatient Outpatient Hospital Name _____ Nonpatient

PARAFFIN EMBEDDED TISSUE TYPE

DATE SAMPLE OBTAINED: _____ TIME SAMPLE OBTAINED: _____

TISSUE TYPE: _____

Exposure Time to 10% Buffered Formalin: _____

Has sample been baked? No Yes! Time and Temperature: _____ S

CLINICAL INFORMATION/ICD-9\$ (required): _____

New Diagnosis Relapse Monitoring

Radiation Therapy _____ Chemotherapy _____

Bone Marrow Transplant Autologous Allogenic Sex Mismatch

A pathology report UbX' </ 9'g]XY' should also be submitted.

FISH TEST REQUESTED (please see our website for our most current FFPE FISH offerings)

3q27 rearrangements (BCL6)

Translocation t(4;14)(p16;q32) (IGH/FGFR3)

Translocation t(8;14)(q24;q32) (IGH/MYC)

Translocation t(9;22)(q34;q11.2) (BCR/ABL1)

Translocation t(11;14)(q13;q32) (IGH/CCND1)

14q32 rearrangements (IGH)

Translocation t(14;16)(q32;q23) (IGH/MAF)

Translocation t(14;18)(q32;q31) (IGH/BCL2)

Other: _____

Physician: _____

Referring Hospital/Lab: _____

Address: _____

Phone: _____ Fax: _____

SPECIMEN REQUIREMENTS AND SHIPPING

All specimens must be labeled with patient's name and be accompanied by completed request form. All samples should be kept at room temperature and transported to the laboratory with minimum delay. Please call (800) 328-2026 if you have any questions.

PARAFFIN-EMBEDDED TISSUE SLIDES

For each probe requested, submit a minimum of four slides of four-micron tissue sections from formalin-fixed, paraffin-embedded tissue blocks on positively-charged slides. The area of interest should be marked. Pathology report and H&E slide of the tissue should be submitted. All slides must be labeled with 2 unique identifiers that are identical to the accompanying request form.

If possible, please provide g]XYg`cZ normal tissue of the same type to be used as a control.

If paraffin blocks are submitted, there will be additional fees for processing.

SHIPPING INFORMATION

Sample should be securely packaged and sent at room temperature to:

Diagnostic Cytogenetics, Inc., 1525 13th Avenue, Seattle, WA 98122

We provide free shipping. To arrange pick up in the local Puget Sound area, please call (206) 328-2026 or (800) 328-2026. For overnight delivery service: Federal Express (800) 463-3339. Call us for our current account number. Please send specimens by Standard Overnight Service.

Specimens sent on Friday MUST be marked with a "Saturday Delivery" sticker.

Please call the lab at (800) 328-2026 with the airbill number so that we may track your specimen.