DIAGNOSTIC CYTOGENETICS INCORPORATED **NEOPLASTIC SPECIMEN REQUEST**

1525 13th Ave. Seattle, WA 98122
800-328-2026 fax 206-325-2975
www.diagnosticcytogenetics.com

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

SPECIMEN TYPE

DATE SAMPLE DRAWN: _____ TIME SAMPLE DRAWN: _____

☐ Bone Marrow Aspirate ☐ Bone Core Biopsy ☐ Peripheral Blood ☐ Lymph Node ☐ Urine

☐ Other (please describe): _____

CLINICAL INFORMATION/ICD-10 (required): _____

☐ New Diagnosis ☐ Relapse ☐ Monitoring

☐ Radiation Therapy _____ ☐ Chemotherapy _____

☐ Bone Marrow Transplant ☐ Autologous ☐ Allogenic ☐ Sex Mismatch

TEST REQUESTED

☐ Chromosome Analysis ☐ Hold Culture for Testing

☐ Flow Cytometry** ☐ Molecular Analysis** _____

☐ FISH (Please mark below)* For paraffin embedded tissue, please see our FFPE request form.

☐ALL ☐AML ☐CLL ☐CML ☐MDS ☐MM ☐MPD ☐Eosinophilia ☐NHL ☐Urovysion ☐Other:

☐ REFLEX FISH IF CHROMOSOME RESULTS ARE NORMAL (Please mark below)*

☐ALL ☐AML ☐CLL ☐CML ☐MDS ☐MM ☐MPD ☐Eosinophilia ☐NHL ☐Other:

☐ OTHER _____

*please complete second page for other testing
**sent to Ascend Genomics unless otherwise requested

Physician: _____

Referring Hospital/Lab: _____

Address: _____

Phone: _____ Fax: _____

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ADDITIONAL INFORMATION FOR FISH (please see our website for our most current FISH offerings)

Patient Last Name: _____ First Name: _____

FISH

- **MDS**
  - ☐ **MDS Panel**: -5/del(5q), -7/del(7q), +8, del(20q)
  - ☐ Monosomy 5/deletion 5q (EGR1)
  - ☐ Monosomy 7/deletion 7q (D7S522/D7Z1)
  - ☐ Trisomy 8 (D8Z2)
  - ☐ Deletion 20q (D20S108)
  - ☐ Other _____
- **CLL**
  - ☐ **CLL Panel**: del(11q), del(17p), +12, -13/del(13q)
  - ☐ Deletion 11q (ATM)
  - ☐ Deletion 17p (TP53)
  - ☐ Trisomy 12 (D12Z3)
  - ☐ Monosomy 13/Deletion 13q (D13S319/LAMP1)
  - ☐ Translocation 11;14 (IGH/CCND1)
  - ☐ Other _____
- **MM/Plasma cell dyscrasia**
  - ☐ **MM Panel**: 1p/1q, t(4;14), -13/del(13q), del(17p)
  - ☐ Deletion 1p32.3/gain of 1q21 (CKS1B/CDKN2C)
  - ☐ Monosomy 13/Deletion 13q (D13S319/LAMP1)
  - ☐ Deletion 17p (TP53/CEP17)
  - ☐ 14q32 rearrangements (IGH breakapart)
  - ☐ Translocation 4;14 (IGH/FGFR3)
  - ☐ Translocation 11;14 (IGH/CCND1)
  - ☐ Translocation 14;16 (IGH/MAF)
  - ☐ Hyperdiploidy of chromosomes 5, 9, 15
  - ☐ Other _____
- **CML**
  - ☐ Translocation 9;22 (BCR/ABL1)
  - ☐ Deletion 9q34 (ASS)
  - ☐ Other _____
- **AML**
  - ☐ **AML Panel:** -7/del(7q), +8, t(8;21), 11q23 rearrangements, t(15;17), inv(16)/t(16;16)
  - ☐ Monosomy 7/deletion 7q (D7S522/D7Z1)
  - ☐ Trisomy 8 (D8Z2)
  - ☐ Translocation 8;21 (ETO/RUNX1)
  - ☐ 11q23 rearrangements (MLL)
  - ☐ Translocation 15;17 (PML/RARA)
  - ☐ Inversion 16/translocation 16 (CBFB)
  - ☐ Other _____
- **ALL**
  - ☐ **ALL Panel**: t(9;22), 11q23 rearrangements, t(12;21), del(9p),t(8;14)
  - ☐ Translocation 9;22 (BCR/ABL1)
  - ☐ 11q23 rearrangements (MLL)
  - ☐ Translocation 12;21 (ETV6/RUNX1)
  - ☐ Translocation 8;14 (IGH/MYC/D8Z2)
  - ☐ Deletion 9p21 (CDKN2A)
  - ☐ Other _____
- **LYMPHOMA**
  - ☐ **NHL Panel**: 3q27 rearrangements, 8q24 rearrangements, t(11;14), t(11;18), t(14;18)
  - ☐ 3q27 rearrangements (BCL6)
  - ☐ 8q24 rearrangements (MYC)
  - ☐ Translocation 11;14 (IGH/CCND1)
  - ☐ Translocation 11;18 (BIRC3/MALT1)
  - ☐ Translocation 14;18 (IGH/BCL2)
  - ☐ Other _____
- **MPD**
  - ☐ **MPD Panel**: 4q12 rearrangements, 5q33rearrangements,+8, t(9;22), del(13q), del(20q)
  - ☐ 4q12 rearrangements (PDGFRA-FIP1L1)
  - ☐ 5q33 rearrangements (PDGFRB)
  - ☐ Trisomy 8 (D8Z2)
  - ☐ Translocation 9;22 (BCR/ABL1)
  - ☐ Deletion 13q (D13S319/LAMP1)
  - ☐ Deletion 20q (D20S108)
  - ☐ Other _____
- **EOSINOPHILIA**
  - ☐ **Eosinophilia Panel:** 4q12 rearrangements, 5q33 rearrangements, 8p11.23-p11.22 rearrangements
  - ☐ 4q12 rearrangements (PDGFRA-FIP1L1)
  - ☐ 5q33 rearrangements (PDGFRB)
  - ☐ 8p11.23-p11.22 rearrangements (FGFR1)
  - ☐ Other_____
- **OTHER**
  - ☐ 2p23 rearrangements (ALK)
  - ☐ 3q26.2 rearrangements (EVI1)
  - ☐ 6q23 deletion (MYB)
  - ☐ 12p13.1 rearrangements/deletions (ETV6)
  - ☐ 13q14 rearrangements (FOXO1)
  - ☐ 14q11.2 rearrangements (TCR alpha/delta)
  - ☐ 17q21 rearrangements (RARA)
  - ☐ 22q12 rearrangements (EWSR1)

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SPECIMEN REQUIREMENTS AND SHIPPING

All specimens must be labeled with at least two patient identifiers 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.

NEOPLASIA CHROMOSOME ANALYSIS

Bone Marrow: Aspirate 1-2 ml bone marrow into a sterile syringe containing 0.1 ml preservative free sodium heparin. Invert syringe to mix. Transfer to a 3 ml preservative free sodium-heparin (green top) vacutainer tube or sterile tube of transport media (we provide).

Leukemic Peripheral Blood: Patient should have WBC of 15,000 or higher with approximately 10% circulating immature myeloid or lymphoid blast cells. Collect 5 ml of peripheral blood in a preservative free sodium-heparin (green top) vacutainer tube.

Solid Tumor Tissue: >5 mm3 representative tumor tissue collected under aseptic conditions and transported in sterile tissue culture media.

Lymph Node Biopsy: >5 mm3 tumor biopsy collected under aseptic conditions and transported in sterile tissue culture media.

FLUORESCENCE IN SITU HYBRIDIZATION (FISH)

FISH studies are indicated when classic cytogenetics alone cannot resolve an abnormality. Specimen collection is as described previously for the tissue to be studied.

Urine Samples: Collect a minimum of 50 mL at the physician's office. Mix voided urine 2:1 (v:v) with preservative; Carbowax (2% polyethylene glycol in 50% ethanol) or PreservCyt preservatives are recommended. Transfer to two 50 mL centrifuge tube(s) or other tightly-capped plastic container.

If urine is not shipped immediately after collection, refrigerate immediately and ship via overnight courier within 24 hours.

Paraffin-embedded tissue slides: For each probe requested, a minimum of four slides of four-micron tissue sections from formalin-fixed, paraffin-embedded blocks on positively-charged slides. The area of interest should be marked. Pathology report and H&E slide of the tissue should be submitted.

If possible, please provide slides of normal tissue of the same type to be used as a control.

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

MOLECULAR ANALYSIS/DNA TESTING

Peripheral Blood: 5-10 ml blood in an EDTA (lavender-top) tube for molecular testing, and 5-10 ml blood in a preservative free sodium-heparin (green-top) tube for cytogenetic studies. (Molecular studies will be forwarded to an outside laboratory).

Prenatal: 15-20 ml of amniotic fluid in 2 sterile tubes. Cytogenetic analysis will be performed, and amniocytes will be cultured to send to an outside laboratory for molecular studies.

SHIPPING INFORMATION

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

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

To arrange pick up in the local Puget Sound area, please call (206) 328-2026 / (800) 328-2026. For overnight delivery service: Federal Express (800) 463-3339. Please call for our FedEx 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.