

DIAGNOSTIC CYTOGENETICS

2292 West Commodore Way Ste 100 Seattle, WA 98199
800-328-2026 fax: 206-325-2975 www.dxcyto.com email: dci@dxcyto.com

FFPE FISH REQUEST FORM

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: _____

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

New Diagnosis Relapse Monitoring

Radiation Therapy _____ Chemotherapy _____

Bone Marrow Transplant Autologous Allogenic Sex Mismatch

A pathology report and H&E slide should also be submitted.

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

CLL panel: t(11;14) (IGH/CCND1) deletion 11q (ATM) trisomy 12 (D12Z3)
deletion 13q/monosomy 13 (D13S25/LAMP1) deletion 17p (TP53)

CML: t(9;22) (BCR/ABL1)

Double Hit Lymphoma: 3q27 (BCL6) 8q24 (MYC) t(14;18) (IGH/BCL2)

MM panel: 5/9/5 hyperdiploidy deletion 13q/monosomy 13 (D13S25/LAMP1) deletion 17p (TP53)
14q32 (IGH) t(4;14) (IGH/FGFR3) t(11;14) (IGH/CCND1) t(14;16) (IGH/MAF)

NHL panel: 3q27 (BCL6) 8q24 (MYC) t(11;14) (IGH/CCND1) t(11;18)(BIRC3/MALT1)
t(14;18) (IGH/BCL2)

POC Aneuploidy: Chromosomes 13 16 18 21 22 X Y

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 three 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 slides of normal tissue of the same type to be used as a control.

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

SHIPPING INFORMATION

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

Diagnostic Cytogenetics, 2292 West Commodore Way Suite 100, Seattle, WA 98199.

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.