

Tumor CytoGenomics Laboratory Requisition Form

Mount Sinai Clinical Labs
 1425 Madison Avenue, Icahn Building
 9th floor, Room L9-02
 New York, NY 10029

PLACE STICKER HERE

TEL: 212-241-8801
 Fax: 212-426-2427

Laboratory Accession Number: C		PATIENT INFORMATION		
Date/Time Specimen Collected:	AM PM	Last Name:	<input type="checkbox"/> MALE	
Date/Time Requested:	AM PM	First Name:	<input type="checkbox"/> FEMALE	
Date/Time Received:	AM PM	DOB:		
Hospital Unit/MRN#		Address:		
IMPORTANT: STUDIES <u>CANNOT</u> BE COMPLETED WITHOUT ADEQUATE PATIENT IDENTIFICATION AND CLINICAL INFORMATION.		Insurance Co/ Group/Member ID#:		
CLINICAL INFORMATION		<input type="checkbox"/> INPATIENT	<input type="checkbox"/> CLINIC/OPD	<input type="checkbox"/> PRIVATE/OUT
Diagnosis (please specify B or T cell):	ICD10 CODE:	SPECIMEN TYPE:		
		<input type="checkbox"/> Peripheral Blood	<input type="checkbox"/> Bone Marrow	<input type="checkbox"/> Urine <input type="checkbox"/> Solid Tumor
		<input type="checkbox"/> Lymph Node	<input type="checkbox"/> Pleural Effusion/CSF	<input type="checkbox"/> Other
Disease Status:		<input type="checkbox"/> New Diagnosis	<input type="checkbox"/> Relapse	<input type="checkbox"/> Remission
Post BMT/SCT:		<input type="checkbox"/> Allogeneic	<input type="checkbox"/> Male Donor	<input type="checkbox"/> Female Donor
		<input type="checkbox"/> Cord		
TEST REQUESTED (check all that apply)				
<input type="checkbox"/> CHROMOSOME ANALYSIS/KARYOTYPE				
<input type="checkbox"/> FLUORESCENCE IN SITU HYBRIDIZATION (FISH) (detailed disease panel itemized on page 2)				
<input type="checkbox"/> Array CGH & SNP (Agilent)				
Hematological Malignancies			Solid Tumor Malignancies (FFPE)	
<input type="checkbox"/> ALL (PEDS)	<input type="checkbox"/> MDS	<input type="checkbox"/> NHL (Mantle)	<input type="checkbox"/> Alveolar Rhabdosarcoma	<input type="checkbox"/> Oligodendroglioma
<input type="checkbox"/> ALL (ADULT)	<input type="checkbox"/> Multiple Myeloma	<input type="checkbox"/> NHL (Aggressive)	<input type="checkbox"/> Breast Cancer	<input type="checkbox"/> Synovial Sarcoma
<input type="checkbox"/> AML	<input type="checkbox"/> MPN-Ph (-)	<input type="checkbox"/> Individual Probe Request	<input type="checkbox"/> Bladder Cancer/ Cholangio CA	<input type="checkbox"/> Myxoid Liposarcoma
<input type="checkbox"/> t-AML	<input type="checkbox"/> NHL (Burkitt)		<input type="checkbox"/> Ewing Sarcoma and PNT	<input type="checkbox"/> WD/DD Liposarcoma
<input type="checkbox"/> CLL	<input type="checkbox"/> NHL (DLBCL)	Specify:	<input type="checkbox"/> Lung Cancer	<input type="checkbox"/> Nodular Fasciitis / Aneurysmal Bone Cyst
<input type="checkbox"/> CML	<input type="checkbox"/> NHL (Follicular)		<input type="checkbox"/> Spitzoid Neoplasm	<input type="checkbox"/> Prostate Cancer
<input type="checkbox"/> Chimerism (XY)	<input type="checkbox"/> NHL (MALT)		<input type="checkbox"/> Neuroblastoma	
REFERRING PHYSICIAN			Pager#/Phone#/Fax#	

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PHYSICIAN'S INFORMATION

TEST	INDICATION	PROBES	TISSUE TYPE*
FISH	ALL (adults)	BCR-ABL1,D7Z1-D7S522,CEP9-CDKN2A,KMT2A (MLL)	BM/PB
	ALL (peds)	BCR-ABL1,ETV6-RUNX1,TCF3-PBX1,CEP9-CDKN2A,KMT2A (MLL),CEP4/CEP10/D17Z1	BM/PB
	AML	BCR-ABL1, RUNX1T1-RUNX1,PML-RARA,CBFB,KMT2A (MLL),D17Z1,TP53	BM/PB
	tAML	EGR1, D7Z1-D7S522,21q,KMT2A (MLL)	BM/PB
	CML	BCR-ABL1	BM/PB
	CLL	D12Z3,D13S319,LAMP1,IGH,ATM,TP53	BM/PB
	HES	FIPIL1,PDGFRB	BM/PB
	MDS	CEP1,EGR1,D7Z1-D7S522,D8Z2,RB1,KMT2A (MLL),ETV6,D20S108,21q	BM/PB
	MDS/AML	RPN1-MECOM	BM/PB
	MPN (Ph-)	CDKN2C-CKS1B,EGR1,D7Z1-D7S522,D8Z2,CEP9-CDKN2A,ATM,RB1,D20S108,CSF1R	BM/PB
	Multiple Myeloma	CCND1-IGH,FGFR3-IGH,IGH-MAF,IGH,TP53,D17Z1,CDKN2C-CKS1B,D13S319,LAMP1	BM/PB
	NHL	IGH-BCL2,MYC-IGH-D8Z2,CCND1-IGH,BIRC3-MALT1,BCL6,ALK	BM/PB/FFPE
	NHL Aggressive (Triple Hit Lymphoma)	BCL6, MYC-IGH-D8Z2, IGH-BCL2	BM/PB
	SCT (Chimerism)	XY	BM/PB
	Breast Cancer	PathVysion: ERBB2 (HER2)- CEP17	FFPE
	Bladder Cancer	UroVysion: CEP3,CEP7,CDKN2A,CEP17	URINE
	Cholangiocarcinoma	UroVysion: CEP3,CEP7,CDKN2A,CEP17	BILE BRUSHES/TOUCH PREP
	Lung Cancer	ALK, ROS1	FFPE
	Spitzoid Neoplasm	MYB, RREB1, D6Z1, CEP9, CDKN2A, CCND1	FFPE
	SARCOMA	Nodular Fasciitis / Aneurysmal Bone Cyst	USP6
Alveolar Rhobdosarcoma		FOXO1	FFPE
Synovial Sarcoma		SS18/D18Z1	FFPE
WD/DD Liposarcoma		MDM2/D12Z3	FFPE
Myxoid Liposarcoma		DDIT3,FUS	FFPE
Ewing Sarcoma/PTN		EWSR1	FFPE
Neuroblastoma		N-MYC/D2Z1	FFPE
Oligodendroglioma		1p36/1q25, 19p13/19q13	FFPE
Array CGH & SNP	Hematological Malignancies	Array CGH & SNP	BM/PB

* BM – Bone Marrow/ PB- Peripheral Blood / FFPE- Formalin Fixed Paraffin Embedded Tissue (All relevant tissues are accepted)

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INSTRUCTIONS FOR COLLECTION OF SPECIMENS FOR TUMOR CYTOGENOMICS LABORATORY

<i>Specimen Type</i> ◊	<i>Amount</i>	<i>Collection Requirements</i>
Peripheral Blood	10-20cc	Draw Blood into green top tube containing Sodium Heparin, free of preservative.
Bone Marrow	2-4cc	Aspirate Marrow in a syringe containing Heparin (free of preservative) and immediately place marrow into a vial containing media.*
Spleen	2-3cm ³ piece minimum	Transfer steriley into Phosphate-Buffered-Saline (PBS) free of Calcium and Magnesium.◊
Lymph Node	1-2cm ³ piece minimum	Transfer steriley into RPMI Medium.◊
Solid Tumor	2-3cm ³ piece minimum	Transfer steriley into Hank's Balance Salt Solution or RPMI Medium.◊
FFPE (Formalin Fixed Paraffin Embedded Tissue)	1 H&E stained slide with 2-8 FFPE	All FFPE tissue slides should be cut at 3-4 microns thickness on positively charged slides. The area of interest should be clearly marked on the H&E slide by the referring pathologist. All cases must be accompanied by an H&E stained slide. Decalcification solutions with strong acids should not be used. Specimens subject to ERBB2 [HER2]-CEP17 testing should be fixed in 10% neutral buffered formalin for at least six hours and up to 72 hours. The volume of formalin should be at least 10 times the volume of the specimen.
Voided Urine	50ml	Voided urine must be collected in urine collection kit (Thin Prep) with PreservCyt solution and shipped to the lab within 24 hours.
Bile Brushing	brush in 2-5ml of sterile saline w/ touchprep slides	Bile brush is provided in a sterile vial containing sterile saline and two bile brush touch prep on positively charged slides.

◊ PLEASE DO NOT REFRIDGERATE SPECIMEN

◊ Provided by the lab

*Container with Medium for bone marrow collection provided by the lab

ALL SPECIMENS SHOULD BE DELIVERED IMMEDIATELY TO THE LABORATORY, MON-FRI 7AM - 8PM.

FOR ADDITIONAL INFORMATION CONSULT TUMOR CYTOGENOMICS LAB, 212-241-8801.

ALL SPECIMENS SHOULD BE HANDLED UNDER STERILE CONDITIONS.

BONE MARROW: A MINIMUM OF 1X10⁷ LEUKOCYTE CELLS IS REQUIRED FOR ANALYSIS.

PERIPHERAL BLOOD: FOR NEOPLASTIC HEMATOLOGICAL DISORDER, A MINIMUM OF 1X10⁷ IS REQUIRED FOR ANALYSIS.