

Tumor CytoGenomics Laboratory Requisition Form

Mount Sinai Laboratory
 1425 Madison Avenue, Icahn Bldg
 8th floor, Room L8-70
 New York, NY 10029

PLACE STICKER HERE
 (Laboratory Use Only)

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

Laboratory Accession Number: CG-			PATIENT INFORMATION		
Date/Time Specimen Collected:			Last Name:	Gender at Birth	
	AM PM			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date/Time Requested:			First Name:	Current Gender	
	AM PM			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date/Time Received:			DOB:		
	AM PM		Address:		
MRN #			Insurance Co/ Group/Member ID#:		
IMPORTANT: CLINICAL TESTS CANNOT BE COMPLETED WITHOUT ADEQUATE PATIENT IDENTIFICATION AND CLINICAL INFORMATION.			<input type="checkbox"/> INPATIENT <input type="checkbox"/> CLINIC/OPD <input type="checkbox"/> PRIVATE/OUT		
CLINICAL INFORMATION			SPECIMEN TYPE:		
Diagnosis:	ICD10 CODE:		<input type="checkbox"/> Peripheral Blood <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Solid Tumor		
			<input type="checkbox"/> Lymph Node <input type="checkbox"/> Pleural Effusion <input type="checkbox"/> CSF <input type="checkbox"/> Other		
Disease Status:	<input type="checkbox"/> New Diagnosis	<input type="checkbox"/> Relapse <input type="checkbox"/> Remission <input type="checkbox"/> Follow Up		WBC:	
Post BMT/SCT:	<input type="checkbox"/> Autologous	Allogeneic		Blast %:	
		<input type="checkbox"/> Male Donor <input type="checkbox"/> Female Donor			
TEST REQUESTED (check all that apply)					
<input type="checkbox"/> CHROMOSOME ANALYSIS/KARYOTYPE					
<input type="checkbox"/> Array CGH & SNP (Agilent)					
<input type="checkbox"/> FLUORESCENCE IN SITU HYBRIDIZATION (FISH) (Check panels below, see probe details on page 2)					
Hematological Malignancies FISH Panels			Solid Tumor Malignancies (FFPE) FISH Panels		
B-ALL	Pediatric Panel	CLL	NHL (DLBCL - BCL6)	Breast Cancer (HER2/ERBB2)	Alveolar Rhabdosarcoma
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Adult Panel	Chimerism (XY)	NHL (Burkitt- MYC)	Oligodendroglioma	Ewing Sarcoma and PNT
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ph Like ALL	Multiple Myeloma	NHL (Follicular -BCL2)	Neuroblastoma	Myxoid Liposarcoma
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T-Cell ALL	HES	NHL (Aggressive/Triple Hit/DLBCL)	Nodular Fasciitis/Aneurysmal Bone Cyst	Synovial Sarcoma	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AML	NHL (MALT)	Individual Probe Request		Spitzoid Neoplasm	WD/DD Liposarcoma
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
t-AML	NHL (Mantle)	Specify:			
<input type="checkbox"/>	<input type="checkbox"/>				
CML					
<input type="checkbox"/>					
REFERRING PHYSICIAN			Pager/Phone#/Fax#		

PHYSICIAN'S INFORMATION

TEST	INDICATION	PROBES	TISSUE TYPE *	
FISH	ALL (peds)	BCR-ABL1, ETV6-RUNX1, TCF3-PBX1, CEP9-CDKN2A, KMT2A ba (MLL), CEP4/CEP10/D17Z1, ETV6 ba, ABL1, ABL2, PDGFRB	BM/PB	
	ALL (adults)	BCR-ABL1, D7Z1-D7S522, CEP9-CDKN2A, KMT2A ba (MLL), IGH ba, MYC ba, D8Z2, TP53, D17Z1	BM/PB	
	Ph- Like ALL	PDGFRB, JAK2, IGH, CEP9-CDKN2A, BCR-ABL1, D5S23- CSF1R	BM/PB	
	T-Cell ALL	CEP9-CDKN2A, JAK2, BCR-ABL1, KMT2A ba (MLL), ETV6-RUNX1, RB1/MYB	BM/PB	
	AML	BCR-ABL1, RUNX1T1-RUNX1, PML-RARA, CBFβ ba, KMT2A ba (MLL), D17Z1, TP53, MYC, D8Z2	BM/PB	
	tAML	D5S23-EGR1, D7Z1-D7S522, D21S341, KMT2A ba, TP53, D17Z1, BCR	BM/PB	
	CML	BCR-ABL1	BM/PB	
	CLL	D12Z3, D13S319, LAMP1, IGH ba, ATM, TP53, MYC ba, D8Z2	BM/PB	
	HES	FIPIL1, PDGFRB ba (In Validation: D8Z2-FGFR1)	BM/PB	
	Multiple Myeloma/ CD138+/ with reflex	D17Z1, TP53, CDKN2C-CKS1B, D13S319, LAMP1, IGH ba, CCND1-IGH, FGFR3-IGH, IGH-MAF, IGH-MAFb, MYC ba, D8Z2	BM/PB	
	NHL	IGH-BCL2, D8Z2-MYC-IGH, CCND1-IGH, BIRC3-MALT1, BCL6 ba, ALK ba, MALT1, MYC ba	BM/PB/FFPE	
	SCT (Chimerism)	XY	BM/PB	
	Breast Cancer	PathVysion: CEP17- ERBB2 [HER2]	FFPE	
	SARCOMA	Nodular Fasciitis / Aneurysmal Bone Cyst	USP6 ba	FFPE
		Alveolar Rhabdosarcoma	FOXO1 ba	FFPE
Synovial Sarcoma		D18Z1 / SS18 ba	FFPE	
WD/DD Liposarcoma		D12Z3 / MDM2	FFPE	
Myxoid Liposarcoma		DDIT3 ba, FUS ba	FFPE	
Ewing Sarcoma/PTN		EWSR1 ba	FFPE	
Neuroblastoma		D2Z1 / MYCN	FFPE	
Oligodendroglioma		1p36/1q25, 19q13/19p13	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)

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 sterilely into Phosphate-Buffered-Saline (PBS) free of Calcium and Magnesium.ϕ
Lymph Node	1-2cm ³ piece minimum (Germinal Center)	Transfer sterilely into RPMI Medium.ϕ
Solid Tumor	2-3cm ³ piece minimum	Transfer sterilely into Hank's Balance Salt Solution or RPMI Medium.ϕ
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. Digital H&E with area of interest marked is also acceptable. 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.
<p>◇ PLEASE DO NOT REFRIGERATE SPECIMEN</p> <p>ϕ Provided by the lab</p> <p>* Wash media container with media for bone marrow collection provided by the lab</p> <p>ALL SPECIMENS SHOULD BE DELIVERED IMMEDIATELY TO THE LABORATORY, MON-FRI 7AM - 7PM. 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 CELLS ARE REQUIRED FOR ANALYSIS.</p>		