CYTOGENETICS DIAGNOSTICS LABORATORY
SERVICE REQUEST

FOR AJC USE ONLY
Patient Code: _____
Lab Order No.: _____

Patient information

Name: ☐Male ☐Female
Date of Birth: / / CPR No.: Nationality:
Clinical Indications / Family History (attach pedigree, if appropriate):

Referring Institution Details

Referring Clinic/hospital:	Dr. Signature & Stamp:
Ordering Physician:	
Physician Phone:	
Email:	Date:

Type of Specimen

☐ Peripheral blood ☐ Leukemic blood ☐ Bone marrow
☐ Amniotic fluid (AF) ☐ Chorionic Villus sample (CVS) ☐ Product of Conception (POC)

Collection date: / / Time of collection:

Test Ordered (tick required procedure code)

KARYOTYPING:

DMCK001	☐ Prenatal - AF
DMCK002	☐ Prenatal - CVS
DMCK004	☐ Postnatal - Blood
DMCK005	☐ Cancer - Blood, bone marrow
DMCK006	☐ Prenatal - Product of Conception
DMCK007	☐ Interpretation and report of Karyotyping

FISH FOR CONSTITUTIONAL DISORDERS:

DMCF001	☐ Aneuvysion Probe (Prenatal Multiprobe for Chromosomes 13, 18, 21, X and Y)
DMCF002	☐ Prader - Willi syndrome 15q11.2 /15qter
DMCF003	☐ Di George syndrome I (TUPLE1) (22q11.2)
DMCF004	☐ Di George syndrome I (N25) (22q11.2)
DMCF005	☐ Rubinstein Taybi (16p13.3/16p11.1-q11.1)
DMCF006	☐ Di George syndrome II (10p14)
DMCF007	☐ SRY Yp11.31 / Yq12
DMCF017	☐ Smith-Magenis (RAI1) / Miller-Dieker Syndrome (17p13.3/17p11.2)
DMCF020	☐ Saethre Chotzen syndrome / Williams-Beuren syndrome (7p21.1/7q11.3)
DMCF021	☐ Di George syndrome I (TBX1) (22q11.2)
DMCF041	☐ CEP X & Y
DMCF055	☐ Cri-du-chat and STOS (5p15.2/5p15.31)
DMCF059	☐ Monosomy 1p36 (1p36.33/1q44)

FISH FOR LEUKEMIA AND LYMPHOMAS:

DMCF008	☐ BCR/ABL1 t(9;22)(q34.11;q11.22)
DMCF009	☐ IGH BA PROBE (14q32)
DMCF010	☐ IGH/CCND1 t(11;14)(q13.3;q32.33)
DMCF011	☐ IGH/FGFR3 t(4;14)(p16.3;q32.33)
DMCF012	☐ IGH/BCL2 t(14;18)(q32.33;q21.33)
DMCF013	☐ MYC BA PROBE (8q24)
DMCF014	☐ BCL6-BA PROBE (3q27.3)
DMCF015	☐ AML1-BA PROBE (21q22.21)
DMCF016	☐ D13S319 PLUS DEL PROBE (13q34) (13q14.2-14.3)
DMCF018	☐ TCRAD BA PROBE (14q11.2)
DMCF019	☐ IGH/CCND3 t(6;14)(p21;q32.3)
DMCF023	☐ TP53 DEL PROBE (17p13)
DMCF024	☐ 5q DEL PROBE (5p15.31)(5q31.2)
DMCF025	☐ MLL/MLLT3 t(9;11)(p21.3,q23.3)
DMCF026	☐ MLL/MLLT4 t(11;6)(q23.3;q27)
DMCF027	☐ CBF β/MYH11 t(16;16)(q22;p13.1)
DMCF028	☐ IGH/cMYC t(8;14)(q24.21;q32.33)
DMCF029	☐ CKS1B/CDKN2C(P18) AMP/DEL PROBE (1q21.3)(1p32.3)
DMCF030	☐ 7q DEL PROBE (7q22.1-q22.2)(7q31.2)
DMCF031	☐ 20q DEL PROBE (20q12q13.2)
DMCF032	☐ E2A BA PROBE (19p13.3)
DMCF033	☐ MLL BA PROBE (11q23.3)
DMCF034	☐ MYB DEL PROBE (6q23.3)
DMCF035	☐ P16 DEL PROBE (9p21.3)
DMCF036	☐ PML/RARA t(15;17)(q24.1;q21.2)
DMCF037	☐ TEL/AML1 t(12;21)(p13.2;q22.12)
DMCF038	☐ AML1/ETO t(8;21)(q21.3;q22.12)
DMCF039	☐ CLL PANEL: LSI p53 / LSI ATM t(17p13.1;11q22.3)
DMCF040	☐ LSI D13S319/LSI 13(q14.2–q14.3/q34)/CEP 12(12p11.1-q11.1)
DMCF042	☐ EVI1-BA PROBE (3q26.2)
DMCF043	☐ TCL1-BA PROBE (14q32.13-32.2)
DMCF044	☐ MLL/AFF1 t(4;11)(q21.3-q22.1;q23.3)
DMCF045	☐ MLL/MLLT1, t(11;19)(q23.3;p13.3)
DMCF046	☐ N-MYC AMP PROBE (2p24.3)
DMCF048	☐ CRLF2-BA PROBE (Xp22.33/ Yp11.32)
DMCF049	☐ FGFR1 BA/AMP PROBE (8p11.23-p11.22)
DMCF050	☐ TLX1 BA PROBE (10q24.31)
DMCF051	☐ TCRB-BA PROBE (7q34)
DMCF052	☐ LSI 13/21
DMCF053	☐ FIP1L-CHIC2-PGDFRA BA PROBE (4q12)

DMCF054	◻ IGH/MAF t(14;16)(q32.3;q23.1-23.2)
DMCF056	◻ RB1 DEL PROBE (13q 14.2)
DMCF057	◻ E2A/PBX1 t(1;19)(q23.3;p13.3)
DMCF058	◻ PDGFRB-BA PROBE(5q32)
DMCF060	◻ IGL BA PROBE (22q11.2-q11.23)
DMCF061	◻ IGK BA PROBE (2p11.2)
DMCF062	◻ NUP98 BA PROBE (11p15.4)

Other FISH Probes

DMCF022	◻ Other FISH probes, specify:

Other tests for referral laboratories, please Specify:

Informed Consent

☐ I wish to make the tests above indicated on the sample from ___me / ___ my child. My signature below constitutes my acknowledgment that the benefits, risks, and limitations of this testing have been explained to my satisfaction by my physician.
☐ I authorize the report to be sent to my physician.
☐ I also authorize my sample to be used for research purposes.

Patient/Guardian Signature _____ Date:

Processing Days and Specimen Requirements

Conventional Cytogenetic - Karyotyping

Test name	Processing days	Type of Specimen	Specimen Requirement	TAT
Postnatal Karyotype	Sunday, Monday & Thursday	Peripheral blood	3-5 ml of blood in heparin tube (green cap) vacutainer	14-28 days
Cancer Karyotype	Sunday, Monday & Tuesday	Leukemic blood	3-5 ml of leukemic blood in heparin tube	7-21 days
		Bone marrow	3-5 ml of marrow in heparin tube	7-21 days
Prenatal Karyotype*	Sunday - Thursday	Amniotic fluid	15-20 ml of amniotic fluid in sterile container	14-21 days
		Chorionic Villus sample	CVS in Sterile culture media/sterile saline	14-21 days
		Product of conception	Small biopsy from the fetus in sterile saline	14-28 days

Molecular Cytogenetic - Fluorescence in situ hybridization (FISH)

Category	Test	Specimen Requirement	TAT
Postnatal diagnosis	Fluorescence in situ hybridization for specific microdeletion syndrome	3-5 ml blood in heparin tube	3-5 days
Prenatal diagnosis*	Aneuvysion FISH (LSI 13/21, CEP18, X&Y)	15-20 ml of amniotic fluid/CVS	3-5 days
Cancer Diagnosis	FISH for hematological malignancies	3-5ml blood/bone marrow in heparin tube	3-5 days

**test is offered on request. Please call for further information*

DO NOT FREEZE SPECIMEN OR EXPOSE TO EXTREEM TEMPRATURE

Specimen and completed test request forms including, **clinical indication must be received by the lab within 48 hours of collection (24 hours for bone marrow and prenatal samples),** gently invert sample tube several times to avoid clot formation (blood/marrow). Suppose sample is not reaching the lab on the same day, sample can be stored at 4-8^{o}C in refrigerator door. (DO NOT FREEZE OR PUT IT ON ICE BAGS)

A processing fee will be charged if the procedure is cancelled at the client's request after the test has been setup, or if the specimen integrity is inadequate to allow culture growth.

These studies involve culturing of living cells; therefore TAT given represent average times subject to multiple variables.