UCLA Health System

Procedure: CYTO 012

Effective: 1/1/2013

POSTNATAL CLINICAL CYTOGENETICS REQUISITION FORM

Please provide all pertinent information

UCLA Cytogenetics Lab accession Number: _____

PATIENT INFORMATION	SPECIMEN INFORMATION
ID#	**Collection date:** **Time:**
	Collected by: **M.D.**
Name: Last **First** **MI**	[Cytogenetics lab use only] Date Received by Lab: Time: Tech:
Date of birth: **Sex: M F**	**SPECIMEN TYPE:** ☐ **Blood** ☐ **Bone marrow** ☐ **Bone core biopsy** ☐ **Stem cell** ☐ **Lymph node** ☐ **Solid tumor** ☐ **Paraffin embedded tissue** ☐ **Other:**_____
Location / Clinic: _____	

REPORTING INFORMATION:

Attending Physician: _____ UPIN#: ___ ___ ___ ___ ___ Phone/Pager: _____

Ordering Pathologist/Physician: _____ UPIN#: ___ ___ ___ ___ ___ Phone/Pager: _____

Send copy to: _____ Address: _____ Fax: _____

NOTICE TO ATTENDING PHYSICIANS: Medical necessity for the test(s) requested must be indicated by ICD-9 codes. ICD-9: _____

TESTS REQUESTED: ☐ **KARYOTYPE** ☐ **FISH ONLY** ☐ **KARYOTYPE AND FISH**

☐ Interpretation/consultation not requested ☐ **NEW LEUKEMIA** ☐ **PREVIOUSLY STUDIED:** _____

Chromosome / FISH analyses include pathologist interpretation and consultation unless indicated.

☐ Dysmorphic features/MCA
☐ Developmental Delay / ID/ Autism
☐ Ambiguous genitalia
☐ Multiple miscarriages G___ A___ P___

☐ Trisomy 13,18, 21
☐ Sex chromosome abnormalities_____
☐ Prenatal Confirmation
☐ Abnormal Ultrasound _____
☐ DiGeorge/VCF Syndrome
☐ Other:

☐ Confirmation abnormal microarray. Proband ID#_____

☐ Parental follow-up abnormal microarray (proband sample is also required simultaneously) Proband ID#_____

○ **CML** ○ **AML** ○ **ALL** ○ **CLL** ○ **MDS** ○ **LYMPHOMA** ○ **UNKNOWN** ○ **OTHER:** _____

Transplant: ☐ *Allo* ☐ *Auto: Donor:* ☐ *Male* ☐ *Female*

Please indicate site of solid tumor

WBC:---------- **SCREEN:** ----------

PLEASE SELECT FISH PROBE(S) BELOW

Hematologic probes / panels
☐ MDS 5q/7/8/20
☐ MPN 5/7/8/t(9;22)/20q
☐ CLL 11q22/+12/13q14-13q34/17p13/IGH@
☐ LPD +12 / IGH@
☐ Myeloma 14q32/13q14/17p13/5/1q21
Optional IGH@-CCND1/ IGH@-FGFR3/IGH@-MAF
☐ B-ALL(adult) t(9;22-ES)/MLL/MYC/IGH@
☐ T-ALL TCR Alpha/Delta/MLL
☐ Peds B-ALLt(1;19)/t(12;21)/ t(9;22)/IGH@/MLL,+4,+10,+17
AML Panel
☐ t(8;21) RUNX1-RUNX1T1
☐ t(15;17) PML-RARA
☐ inv(16)/t(16;16) CBFB
☐ 11q23 rearrangement MLL
☐ t(9;22) BCR-ABL1-Dual Color-dual Fusion
☐ t(3;3)/inv 3q26.2 EVI1
CML
☐ t(9;22)BCR-ABL1/ASS1(9q34)-Tricolor
☐ Accelerated Phase t(9;22)(BCR-ABL1)/8/ iso17q
☐ Other Myeloproliferative neoplasm/MPN
☐ 4q12-CHIC2deletion(SCFD2-LNX-PDGFRalpha)
☐ 5q33 CSF1R (PDGFR beta)
Bone Marrow Transplant
☐ Cep X/Y
Other:_____
☐ MYB 6q
Molar Pregnancy/aneuploidy
☐ AneuVysion (X,Y,13,18,21)

Lymphoma (select individual probes)
☐ Follicular/DLBCL t(14;18) [IGH@-BCL2]/BCL6/MYC
☐ Mantle Cell t(11;14) [IGH@-CCND1]
☐ Anaplastic Lg. Cell Lymph 2p23 ALK
☐ Burkitt: MYC(8q24)/ IGH@-MYC t(8;14) / IGL@(22q11.2)/ IGK(2p11.2)
☐ MALT t (11;18) [API2-MATL1]/MALT1
☐ NHL BCL6 (3q27)
☐ IGH@,IGK,IGL rearrangement 14q32, 2p12, 22q11.2
☐ T-cell rearrangement (TCR alpha/delta)
☐ Other:_____
Constitutional Syndromes
☐ Subtelomeric FISH
☐ Turner Syndrome (45,X)
☐ SRY Yp11.3
☐ 1p36 microdeletion
☐ Angelman/ Prader-Willi 15q11-q13
☐ Cri-du-chat 5p15.2
☐ DiGeorge / VCF 22q11.2
☐ Kallmann Xp22.3
☐ Miller-Dieker 17p13.3
☐ Smith-Magenis 17p11.2
☐ Steroid Sulfatase Xp22.3
☐ Williams 7q11.23
☐ Wolf-Hirschhorn 4p16.3
☐ Others: _____

Solid Tumor probes / panels
☐ HER2/neu17q11.2-q12
* Fixation Time _____hrs
☐ UroVysion (3/7/9p/17)
☐ Prostate CA, Androgen receptor gene Xq12/ *PTEN* 10q23
☐ Ewing Sarcoma, PNET EWSR1
☐ Alveolar rhabdomyosarcoma FOXO1 (FKHR)-13q14
☐ Neuroblastoma MYCN amp 2p24.1
☐ Myxoid/round cell liposarcoma DDIT3(CHOP) 12q13- FUS1-16p11.2
☐ Malignant Liposarcoma/Angiomatoid fibrous histiocytoma FUS1-16p11.2
☐ Well-differentiated liposarcoma MDM2 amp- 12q15
☐ Retinoblastoma, various / RB1 13q14
☐ Gliomas LSI 1p36/19q13/EGFR/PTEN
☐ Uveal Melanoma D3Z1(-3)/6pter-6qter
☐ Schwannoma/Rhabdoid -22
☐ Germ Cell Tumor iso12p
☐ Melanoma Partial Panel cen6/6p/6q-/11q-
☐ Lung CA ALK 2p23
Various tumors
☐ p16/CDKN2A 9p21
☐ TP53 17p13.1
☐ EGFR 7p12
☐ Pilocytic astrocytoma BRAF dup (call lab first)
☐ Other: _____

TRANSPORT TO THE LABORATORY AS SOON AS POSSIBLE; KEEP AT ROOM TEMPERATURE. Bone Marrow (sample of choice): 1-5 mL of 1st draw aspirated into transport media containing preservative–free sodium heparin and sent to lab immediately. This is the sample of choice for leukemia diagnosis/follow-up. Bone Core Biopsy: Place in sterile saline/media. Send only if BM aspirate cannot be obtained. Peripheral Blood/ FISH: 7-10 mL in sterile,green-top sodium heparin vacuutainer, mixed by inverting. Note: Karyotyping of leukemic blood is successful only if blasts % is >30. Solid Tissue: Collect in transport media or if media not available place in sterile saline or Ringers and send immediately.

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UCLA HEALTH SYSTEM/ CLINICAL LABORATORIES

SEND ALL SPECIMENS TO THIS ADDRESS
UCLA Cytogenetics Center
1000 Veteran Avenue (Rehabilitation Center) Room: 2-226
Los Angeles, CA 90024 Phone: (310) 794-1287 Fax: (310) 794-4139