



TEST REQUISITION

Specimens will not be processed without billing information (Please enclose a copy of patient's insurance card/information)

LABORATORY ACCESSION NUMBER	
(for Cytogenetics Laboratory use only)	

PATIENT NAME (Last, First, MI)	
DATE OF BIRTH	SEX
PATIENT ID (Hospital/MR Number)	
PATIENT PHONE NUMBER	

- STAT**
- ROUTINE**

INSTITUTION (Hospital/Clinic Name)
SPECIMEN COLLECTED (DATE/TIME)
SPECIMEN TYPE (Bone marrow/Blood/Amniotic fluid)

REQUESTING PHYSICIAN NAME	ATTENDING PHYSICIAN NAME	CONTACT PHONE / FAX / EMAIL FOR RESULTS
PHONE/PAGER NUMBER	PHONE/PAGER NUMBER	SPECIAL INSTRUCTIONS

CLINICAL DIAGNOSIS (REASON FOR REFERRAL)

For Prenatal Studies
 Gestational age: _____ LMP: _____
 G: _____ P: _____ Sab: _____
 Patient's race: _____ Diabetic/insulin: _____

For Cancer Studies
 WBC count: _____
 Blast count: _____
 % Plasma cell: _____

CONSTITUTIONAL (GENETIC) TESTS REQUESTED

- | | |
|---|---|
| <input type="checkbox"/> Chromosome Analysis – BLOOD (RCA-BL) | <input type="checkbox"/> Microarray Fresh Tissue
(Blood, Amniotic Fluid, Products of Conception, Skin) |
| <input type="checkbox"/> Chromosome Analysis – AMNIOTIC FLUID (RCA-AF) | <input type="checkbox"/> Microarray Oncoscan
(Paraffin Embedded Formalin Fixed Tissue) |
| <input type="checkbox"/> Chromosome Analysis – PRODUCTS OF CONCEPTION (RCA-POC) | <input type="checkbox"/> Chromosome Analysis Reflex to Microarray
(Blood for patients < 6 months of age) |
| <input type="checkbox"/> Chromosome Analysis – SKIN (RCA-SK) | |
| <input type="checkbox"/> Chromosome Analysis – OTHER (RCA-OC) | |

ACQUIRED (CANCER) TESTS REQUESTED

- | | |
|--|---|
| <input type="checkbox"/> Chromosome Analysis – BONE MARROW (RCA-BM) | Fluorescence in situ hybridization (FISH) |
| <input type="checkbox"/> Chromosome Analysis – BLOOD (RCA-BL) | Acute Lymphocytic / Lymphoblastic Leukemia (ALL) |
| <input type="checkbox"/> Chromosome Analysis – LYMPH NODE (RCA-LN) | <input type="checkbox"/> COG PANEL <input type="checkbox"/> Ph-LIKE PANEL <input type="checkbox"/> ALL EXTENDED PANEL |
| <input type="checkbox"/> Chromosome Analysis – SOLID TUMOR (RCA-ST) | <input type="checkbox"/> ALL Ph-LIKE REFLEX PANEL |
| <input type="checkbox"/> Chromosome Analysis – OTHER (RCA-OA) | Acute Myeloid Leukemia / Myelodysplastic Syndrome (AML/MDS) |
| Chronic Lymphocytic Leukemia (CLL) | <input type="checkbox"/> AML PANEL <input type="checkbox"/> MDS PANEL <input type="checkbox"/> AML/MDS PANEL |
| <input type="checkbox"/> CLL PANEL <input type="checkbox"/> CLL IGH REFLEX PANEL | Multiple Myeloma (MM) |
| <input type="checkbox"/> CLL EXTENDED PANEL | <input type="checkbox"/> MM PANEL <input type="checkbox"/> MM IGH PANEL <input type="checkbox"/> MM IGH REFLEX PANEL |
| B-cell Lymphoma Panel | <input type="checkbox"/> Myeloproliferative Neoplasms / Disorders PANEL (MPN/MPD) |
| <input type="checkbox"/> B-CELL PANEL <input type="checkbox"/> AGGRESSIVE B-CELL PANEL | |
| <input type="checkbox"/> B-CELL IGH PANEL | <input type="checkbox"/> SINGLE FISH _____
(Specify PROBE / CHROMOSOME LOCATION) |
| T-cell Lymphoma | |
| <input type="checkbox"/> T-CELL PANEL <input type="checkbox"/> ALCL PANEL | |