



SOUTH TEXAS REFERENCE LABORATORIES
DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE

CLINICAL AND MOLECULAR CYTOGENETICS LABORATORY
UNIVERSITY OF TEXAS HEALTH, SAN ANTONIO

CLIA # 45D0660483 CAP # 2143301
7703 Floyd Curl Drive, San Antonio, Texas 78229-7750
(210) 567-6599 Fax: (210) 450-2243
<http://strl.uthscsa.edu/cytogenetics/index.shtml>

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)		INSTITUTION (Hospital/Clinic Name)	
DATE OF BIRTH	SEX	SPECIMEN COLLECTED (DATE/TIME)	
PATIENT ID (Hospital/MR Number)		SPECIMEN TYPE (Bone marrow/Blood/Amniotic fluid)	
PATIENT PHONE NUMBER			
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)			
		☐ STAT ☐ ROUTINE	
		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

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

ACQUIRED (CANCER) TESTS REQUESTED

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