Eastern Health
Laboratory Medicine

MEDICAL GENETICS LABORATORY
Cancer Cytogenetics Requisition

300 Prince Philip Drive Craig L Dobbin Research Centre Rm. 3M500
St. John's, NL, A1B 3V6 P: 777-4532 F: 777-4792

CL2200 2072 10 2019

Patient Information

Name: _____
(Please Print Clearly)

HCN: _____

Date of Birth: _____ DD/MONTH/YYYY

Sex: ☐ Male ☐ Female

Cytogenetics Number: _____

☐ Pediatric Sample ☐ Adult Sample

Referring Physician

Name: _____
(Please Print Clearly)

City: _____ Province: _____

Telephone: _____ Fax: _____

Signature: _____

Date: _____ DD/MONTH/YYYY

Copy to: _____

I. Specimen

HEMATOLOGY SPECIMEN
Sodium Heparin (dark green top) tube
☐ Bone Marrow
☐ Right side ☐Left side
☐ Blood

SOLID TUMOR SPECIMEN *Do not freeze. Transport ASAP @4C*
Fresh sample in sterile RPMI/Hanks/Saline
☐ Lymph node
☐ Tumor Source: _____
Pathology Results Pending? ☐Yes ☐No

II. Disease Stage/Clinical Course

☐New Diagnosis ☐Response to Therapy (Follow-up) ☐Disease Progression
☐Relapse ☐Other **Post BMT:** ☐ Male Donor ☐ Female Donor

III. Clinical Indication – REQUIRED

Solid Tumor
☐ Ewing Sarcoma
☐ Germ Cell
☐ Neuroblastoma
☐ Rhabdomyosarcoma
☐ Sarcoma
☐ Wilms Tumor
☐ Other; Specify _____

Hematological Malignancy
☐ Acute lymphoblastic leukemia
☐ B-cell lymphoblastic leukemia/lymphoma
☐ T-cell lymphoblastic leukemia/lymphoma
☐ Acute Myeloid Leukemia
☐ Chronic Myeloid Leukemia
☐ Myelodysplastic Syndrome
☐ Myeloproliferative Disorder
☐ Non-Hodgkin Lymphoma
☐ Double Hit Lymphoma
☐ Other; Specify: _____

IV. Testing Requested

☐ **Karyotype/Chromosomes**

☐ **CGH Array** (Tumors only)
Detects ploidy, *MYCN* amplification, copy number variants, and LOH

FISH Testing
☐ ALL Pediatric Panel
☐ AML Panel
☐ MDS Panel
☐ Lymphoma Panel Specify: _____
☐ *MYC* (8q24)
☐ 22q12 (*EWSR1*) Rearrangement
☐ 13q14 (ARMS)(*FOXO1*) Rearrangement
☐ XX/XY FISH for opposite sex BMT
☐ Other; Specify: _____

FOR LABORATORY USE
GE Number _____
Date Received: _____ DD/MONTH/YYYY
Sample Received: _____ DD/MONTH/YYYY