



Eastern Health

Laboratory Medicine

Special Hematology Adult Bone Marrow, Flow Cytometry and Genetics Requisition



1V2450 1408 07 2016

Physician Information (please use stamp) Physician's Signature: _____ Date: <u>DD/MONTH/YYYY</u> Copy report to (please print): _____	Patient Information Name: _____ HCN: _____ Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Patient Information <input type="checkbox"/> Diagnostic Sample <input type="checkbox"/> Follow-Up Sample <input type="checkbox"/> Relapsed Disease Clinical History / Diagnosis: _____ Medications: <input type="checkbox"/> YES: _____ <input type="checkbox"/> NO Patient on Growth Factors? <input type="checkbox"/> YES: _____ <input type="checkbox"/> NO	ACCURATE INFORMATION IS CRITICAL TO DIRECT APPROPRIATE TESTING	Physical Exam Findings Lymphadenopathy: <input type="checkbox"/> YES <input type="checkbox"/> NO Splenomegaly: <input type="checkbox"/> YES <input type="checkbox"/> NO Hepatomegaly: <input type="checkbox"/> YES <input type="checkbox"/> NO Jaundice: <input type="checkbox"/> YES <input type="checkbox"/> NO Fever: <input type="checkbox"/> YES <input type="checkbox"/> NO Other (specify): _____
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REQUEST FOR BONE MARROW EXAMINATION (At HSC: to book technologist please phone 777-7658)

Site of Aspiration: _____ Previous marrow aspiration: YES Date: DD/MONTH/YYYY NO

CBC/manual differential within 48 hours: YES NO If NO, please arrange to have CBC sent at time of aspirate

Trephine bone biopsy done: YES NO

REQUEST FOR FLOW CYTOMETRY EDTA = purple

(Please send CBC results and one unstained blood or bone marrow slide (as appropriate))

Blood (EDTA) Bone Marrow (EDTA) Other (specify site and medium) _____

SPECIAL TESTS: Paroxysmal nocturnal hemoglobinuria (EDTA)

REQUEST FOR CYTOGENETICS* (Please send CBC results) Sodium heparin = dark green

Blood (sodium heparin) Bone Marrow (sodium heparin)

Test: To be determined by pathologist Other cytogenetic test not listed below: _____

<input type="checkbox"/> Karyotype <input type="checkbox"/> Chimerism FISH <input type="checkbox"/> XY FISH (sex-mismatched only)	Myeloid FISH <input type="checkbox"/> t(8;21) <input type="checkbox"/> Inversion 16/t(16;16) <input type="checkbox"/> t(9;22) <input type="checkbox"/> PDGFRA/PDGFRB/FGFR3* <input type="checkbox"/> t(15;17)	Lymphoid FISH <input type="checkbox"/> t(9;22) <input type="checkbox"/> t(11;14) <input type="checkbox"/> Burkitt/double hit panel* <input type="checkbox"/> 11q23 <input type="checkbox"/> t(11;18) <input type="checkbox"/> CLL FISH* <input type="checkbox"/> 8q24 <input type="checkbox"/> t(14;18) <input type="checkbox"/> Plasma cell panel* <input type="checkbox"/> Other _____
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REQUEST FOR MOLECULAR GENETICS* EDTA = purple

Blood (EDTA) Bone Marrow (EDTA) Tissue (frozen or saline) Paraffin Other _____

Test: To be determined by pathologist Other molecular test not listed below: _____

Myeloid <input type="checkbox"/> Qualitative BCR-ABL1 t(9;22) <input type="checkbox"/> Quantitative BCR-ABL1 t(9;22) <input type="checkbox"/> Qualitative PML-RARA t(15;17) <input type="checkbox"/> Quantitative PML-RARA t(15;17) <input type="checkbox"/> JAK2 V617F <input type="checkbox"/> FLT3* <input type="checkbox"/> AML NGS Panel* <input type="checkbox"/> MDS NGS Panel* <input type="checkbox"/> MPN NGS Panel* <input type="checkbox"/> Mastocytosis NGS Panel*	Lymphoid <input type="checkbox"/> B lymphoid clonality <input type="checkbox"/> T lymphoid clonality (T cell receptor gene rearrangement) <input type="checkbox"/> MYD88 L265P (Lymphoplasmacytic lymphoma) <input type="checkbox"/> BRAF V600E (Hairy cell leukemia)	Chimerism analysis for stem cell transplant <input type="checkbox"/> Recipient, post-SCT Date of SCT <u>DD/MONTH/YYYY</u> Sex of donor: <input type="checkbox"/> Male <input type="checkbox"/> Female
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*Please see Guidelines for Ancillary Testing for Bone Marrow Biopsies (OrigID #11816)

Due to the volume of cases processed, it is critical that the clinician directly inform the hematopathology and genetics laboratories of any cases requiring expedited investigation.