Cytogenetics Oncology Testing
Request Instructions

Allina Health 🌿
LABORATORY

Complete the requisition in its entirety, including:

1. Billing Preference
2. Date & Time of Specimen Collection
3. Patient name, date of birth and address **(Must include two patient identifiers)**
4. Insurance information if testing is to be billed to insurance
5. Clinical Indication for Testing
6. Ordering physician Signature and call-back information (phone/pager/fax number)
7. Referring physician name and call-back information (phone/pager/fax number)
8. Indicate if STAT service is required. Enter the phone number where the verbal preliminary report should be called (if different from the ordering physician). Call the Cytogenetics Lab at (612) 863-4541 prior to sending the specimen.

Specimen Type must be marked for proper processing. Mark each test clearly and answer all information requested within those section(s). Specimen requirements are provided on the back of the requisition. Call the Cytogenetics lab with questions.

Section 1 – Oncology Test Information

9. **Oncology Test Information:** Enter Pathologist name and sending institution's Pathology Case# ID.
10. **Oncology Specimen Types:** The specimen type must be selected for proper processing. If bone marrow specimen, check box for either "aspirate" or "core". If malignant tissue, indicate source. Note: Urine samples for Cytogenetics is for the FISH test only.
11. **Oncology Cytogenetic Tests:** Select the appropriate test(s): chromosome study and/or chromosomal microarray (CMA) test. Mark the congenital chromosome study only if it was recommended on a previous oncology chromosome report. Check "HOLD" box only if the specimen is to be processed and held for future test orders. **Call the Cytogenetics Lab prior to sending STAT specimen.**

Section 2 – Oncology FISH Studies

12. **Oncology FISH Studies:** Check "HOLD" box only if the specimen is to be processed and held for future test orders. The specimen type must be selected in Section 1 for proper processing. **Call the Cytogenetics Lab prior to sending STAT specimen.**
13. **Oncology FISH Panels:** Select a panel FISH test. If the complete panel is not needed, please indicate the probes to be included in the test. For ALL panel, indicate whether B-cell or T-cell disease. An MDS panel is recommended only when chromosome analysis is not available. For Myeloma panel, indicate percent plasma cells observed; additionally, because plasma cells will be enriched if possible, 6-10 cc bone marrow aspirate is needed within 3 days of collection.
14. **Oncology Cytogenetic FISH Tests:** Select individual FISH test(s). For unlisted FISH tests, consult with a Cytogenetics Director.
15. **Oncology Morphometric FISH Tests:** Pathology based morphometric testing includes a pathologist's interpretation in the report. For unlisted paraffin based FISH tests, consult with a Cytogenetics Director.

ALLINA HEALTH LABORATORY
CYTOGENETICS - ONCOLOGY
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BILL TO: MUST CHECK ONE ☐ CLIENT ☐ PATIENT/INSURANCE

[1]

DATE & TIME COLLECTED **[2]**	DRAWN BY (AHL Staff use Tech # Only)
SOCIAL SECURITY # - -	☐ MALE ☐ FEMALE / BIRTH DATE /
PATIENT NAME (LAST) (FIRST) **[3]** (M.I.)	CHART #
PATIENT ADDRESS (STREET)	CITY
STATE ZIP	PATIENT PHONE ( )

☐ MEDICARE PRIMARY ☐ MEDICARE SECONDARY
MEDICARE

MEDICAL ASSISTANCE NUMBER **[4]** STATE

INSURANCE CO. NAME | RELATIONSHIP OF PATIENT TO INSURED
☐ SELF ☐ SPOUSE ☐ DEPENDENT ☐ OTHER

FOR STAT SAMPLES:
☐ STAT Call to (_____)_____ **[8]**

POLICY HOLDER'S NAME | POLICY HOLDER DATE OF BIRTH (IF NOT PATIENT) / /

Clinical Indication for Testing :

SUBSCRIBER ID # | GROUP #

[5]

Dx1	Dx2	Dx3	Dx4

I N S U R A N C E

Ordering Physician Signature | **Referring Physician**

Clinician Phone # **[6]** **Clinician Fax #** | **Clinician Phone #** **[7]** **Clinician Fax #**

ONCOLOGY TEST INFORMATION (must select specimen type) **[9]** Pathologist_____ Pathology Case #: _____

ONCOLOGY SPECIMEN TYPES (See back page for specimen requirements) **[10]**
☐ BONE MARROW (LAB12453 & LAB12482)
   ☐ Aspirate   ☐ Core
☐ LEUKEMIC BLOOD (LAB4280H)
☐ LYMPH NODE (LAB12453 & LAB12482)
☐ MALIGNANT TISSUE (LAB12453 & LAB12482) _____
☐ URINE for FISH only (LAB4280)

ONCOLOGY CYTOGENETIC TESTS ☐ **CHECK BOX IF HOLD**
☐ ONCOLOGY CHROMOSOMES   CSBM, CSLB, CSLN, CSMT
   Requires specimen in NaHep for bone marrow or blood
☐ CONGENITAL BLOOD CHROMOSOME **[11]** peripheral blood specimen in NaHep   CSBLD
   To rule out congenital abnormality
☐ CHROMOSOMAL MICROARRAY – CMA   CMAO
   Requires specimen in both EDTA and NaHep for bone marrow or blood

☐ **CHECK BOX IF HOLD** **[12]** **ONCOLOGY FISH STUDIES (must select specimen type above)**

ONCOLOGY FISH PANELS – Select panel or individual tests
B or T Cell ALL Panels
☐ **B Cell**   ALLP ☐ **T Cell**   TALLP
   ☐ BCR/ABL1 [t(9;22)]   ☐ BCR/ABL1 [t(9;22)]
   ☐ ETV6/RUNX1 [t(12;21)]   ☐ P16 (CDKN2A) 9p21
   ☐ MLL (11q23)   Reflex to
   ☐ Aneuploidy 4/10 **[13]**   ☐ TCR (TRA/D) 14q11.2
   Reflex to   ☐ TCRB (7q34)
   ☐ IGH (14q32)   ☐ TCL1 (14q32)
   ☐ CRLF2 (Xp22.3/Yp11.3)
☐ **AML Panel (Follows COG protocol for AML)**   AMLP
   ☐ BCR/ABL1 [t(9;22)]   ☐ 5q31 deletion/ -5
   ☐ RUNX1T1/RUNX1 [t(8;21)]   ☐ 7q31 deletion/ -7
   ☐ MLL (11q23)   ☐ CBFB (16q22)
☐ **CLL Panel (Recommended for all CLL patients)**   CLLP
   ☐ 6q deletion   ☐ Trisomy 12
   ☐ ATM deletion (11q22.3)   ☐ 13q14 deletion/-13
   ☐ TP53 deletion (17p13.1)   ☐ CCND1/IGH [t(11;14)]
☐ **Eosinophilia Panel**   EOSINP
   ☐ BCR/ABL1 [t(9;22)]   ☐ PDGFRB (5q32)
   ☐ CHIC2 (PDGFRA) 4q12   ☐ FGFR1 (8p12)
☐ **Lymphoma Panel**   NHLP
   ☐ BCL6 (3q27)   ☐ IGH/BCL2 [t(14;18)]
   ☐ MYC (8q24)
☐ **MDS Panel (Recommended when chromosome**
   results are not available)   MDSP
   ☐ 5q31 deletion / -5   ☐ 20q12 deletion
   ☐ 7q31 deletion / -7   ☐ Trisomy 8
   ☐ MLL (11q23)
☐ **Myeloma Panel** _____%Plasma cells   MMP
   FISH studies on enriched plasma cells   ENRICH
   ☐ CDKN2C/CKS1B (1p/q)   ☐ IGH (14q32)
   ☐ 13q14 deletion/-13   ☐ TP53 (17p13.1)
   Reflex to
   ☐ CCND1/IGH [t(11;14)]   ☐ CCND3/IGH [t(6;14)]
   ☐ FGFR3/IGH [t(4;14)]   ☐ IGH/MAFB [t(14;20)]
   ☐ IGH/MAF [t(14;16)]

ONCOLOGY CYTOGENETIC FISH TESTS **[14]**
☐ 5q31 deletion / Monosomy 5 (-5)   5Q-
☐ 6q deletion   -6Q21
☐ 7q31 deletion / Monosomy 7 (-7)   7Q-
☐ Trisomy 8 (+8)   TR8
☐ Trisomy 12 (+12)   TR12
☐ 13q14 deletion   13Q-
☐ 20q12 deletion   20Q-
☐ Aneuploidy 4/10/17   4/10/17
☐ ALK (non-morphometric)   2p23   ALKF
☐ API2MALT1   t(11;18)   API2MALT
☐ ATM deletion   11q22.3   ATM
☐ BCL2   18q21   BC2
☐ BCL2/IGH   t(14;18)   IGHBCL2
☐ BCL6   3q27   BC6
☐ BCR/ABL1   t(9;22)   BCR
☐ CBFB   16q22   CBFB
☐ CCND1/IGH   t(11;14)   CD1
☐ CCND3/IGH   t(6;14)   IGHCCND3
☐ CDKN2C (P18)/CKS1B   1p32.3/1q21   GOI
☐ CHIC2/FIP1L/PDGFRA   CHIC
☐ CRLF2   Xp22.3/Yp11.3   GOI
☐ ETV6 (TEL)   12p13   ETV
☐ ETV6/RUNX1 (TEL/AML1)   t(12;21)   ETV6
☐ EWSR1 (non-morphometric)   22q12   EWSR1
☐ FGFR1   8p12   FGFR1
☐ FGFR3/IGH   t(4;14)   FGFR
☐ IGH   14q32   IGH
☐ IGH/MAF   t(14;16)   MAF
☐ IGH/MAFB   t(14;20)   IGHMAFB
☐ IGH/MALT1   t(14;18)   IGHMALT1
☐ MALT1   18q21   MALT
☐ MECOM   3q26.2   MECOM
☐ MLL   11q23   MLL
☐ MYC   8q24   CMYC
☐ MYC/IGH   t(8;14)   MYC
☐ MYCN   2p24   NMYC

ONCOLOGY CYTOGENETIC FISH TESTS (continued)
☐ P16 (CDKN2A) deletion   9p21   CDKN
☐ PDGFRB   5q32 PDGFRB
☐ PML/RARA   t(15;17)   PML
☐ RUNX1T1/RUNX1 (AML1/ETO)   t(8;21)   RUNX
☐ SYT (SS18) (non-morphometric)   18q11.2   SS18
☐ TCF3   19p13   TCF3
☐ TCL1   14q32   TCL1
☐ TCR (TRA/D)   14q11   TCR
☐ TCRB   7q34   TCRB
☐ TP53 deletion   17p13.1   TP53
☐ Other _____
   Misc. Cytogenetic Oncology FISH Study   GOI

ONCOLOGY MORPHOMETRIC FISH TESTS (LAB12379) **[15]**
☐ ALK Non-Small Cell Lung Cancer   2p23   ALKP
☐ CHOP (DDIT3) Myxoid Liposarcoma   12q13   CHOP
☐ EWSR1 Ewing Sarcoma   22q12   EWSR
☐ FOXO1 (FKHR) Rhabdomyosarcoma   13q14   FOXO
☐ FUS Fibromixoid Sarcoma   16p11.2   FUS
☐ HER2/neu   17q12   HFISH
☐ MDM2 Liposarcoma   12q15   MDM2
☐ Oligodendroglioma P   1p36/19q13   OLIG
☐ SYT (SS18) Synovial Sarcoma   18q11.2   SYT
☐ Urine Bladder Cancer Aneuploidy   UFISH
☐ Other _____
   Misc. Morphometric Oncology FISH Study   GENM

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RQ Label
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