

CYTOGENETICS AND FLUORESCENCE *IN SITU* HYBRIDIZATION (FISH) TEST REQUISITION

All specimens must be received in lab within 24 hours of collection

PATIENT INFORMATION

Patient Name: _____ Date of Birth: ____/____/____ Age ____ Sex: Male Female
Address: _____ Medical Record Number: _____ City _____
State, ZIP _____ Telephone: (____) ____ - _____

PHYSICIAN INFORMATION

Attending Physician: _____ Physician Phone: (____) ____ - ____ Fax: (____) ____ - ____
Physician Signature _____ Date / Time ____/____/____ : ____

Patient Status

New Diagnosis Remission Post Treatment Relapse Post BMT/SCT: Female Donor Male Donor

Diagnosis _____ COG # _____

SPECIMEN TYPE BM Aspirate Peripheral Blood (Oncology)

PB-WBC Count: _____ Blast Count: _____

Date & Time Specimen Collected: ____/____/____ : ____

Chromosome analysis

RUSH

FISH (see options below)

For **FISH panels**, check box against specific panel (Most appropriate for use in **diagnostic** studies)

For **individual FISH probes** check box next to specific probes (Most appropriate for use in **follow up** studies)

S/P Sex Mismatched BM Transplant

(X/Y Probes)

CML-BCR::ABL t(9;22)

Pediatric B-ALL Panel

BCR::ABL t(9;22)

CEP4/CEP10/CEP17

KMT2A (11q23)

ETV6::RUNX1 t(12;21)

Pediatric T-ALL Panel

BCR::ABL t(9;22)

KMT2A/MLL (11q23)

High Risk Pediatric ALL Panel

ABL1

ABL2

PDGFRB

APL-PML::RARA t(15;17)

RUSH-diagnostic

Follow-up

AML Panel

-5/deletion 5q

-7/deletion 7q

RUNX1T1::RUNX1 t(8;21)

KMT2A (11q23)

PML::RARA t(15;17)

CBFB inv(16)/t(16;16)

MDS Panel

-5/deletion 5q

-7/deletion 7q

Trisomy 8

Deletion 20q

OTHER (please specify): _____

**Instructions for Specimen Collection, Transportation, and/or Storage for
Chromosome Analysis and FISH**

Please label all tubes with patient name, date of birth, and date of collection

Specimen Type	Tube Type	Amount
Peripheral Blood (Pediatric Oncology)	Dark green top (Sodium Heparin)	5-10 ml
Bone Marrow (Pediatric)	Dark green top (Sodium Heparin) or Sterile heparinized syringe	5 ml preferred A minimum of 2 ml with sufficient spicules will be accepted

Handling and Storage Conditions

Send to the laboratory ASAP at room temperature 20-25°C.

If there is a delay in transportation, **store the sample in a refrigerator at 4°C**

DO NOT FREEZE