GENETICS ASSOCIATES INCORPORATED
www.geneticsassociates.com

1916 Patterson Street, Suite 400
Nashville, Tennessee 37203
Phone: 615-327-4532
Fax: 615-327-0464

CANCER/LEUKEMIA REQUISITION FORM

PATIENT INFORMATION

Name: *(Last, First, Middle)*	□ Male □ Female	Date of Birth: / /
Address:	Home Phone:	Work Phone:
City: State: Zip:	Lab #	Hospital #

REFERRED BY

Physician: *(print)*	Facility: Phone: Fax Number:
I attest that this patient has been informed and has given consent for the test(s) I have ordered under applicable law.	Address:
Physician/Authorized Signature: _____	City: State: Zip:

BILLING

□ **CLIENT BILL** *□ **INSURANCE**
□ **SELF-PAY** *□ **MEDICARE/MEDICAID**

**** Attach billing information including a copy of the patient's face sheet plus a copy of the insurance card(s) for billing purposes.***

SPECIMEN INFORMATION *(DO NOT FREEZE - ALL SPECIMENS MUST BE LABELED)*

Date of Collection: ____/____/____ Time of Collection:_____
Status: □ Pre-Transplant □ Post-Transplant
Donor: □ Male □ Female □ Autologous

WBC:_____ Blasts:_____

□ Bone Marrow
□ Bone Core
□ Peripheral Blood
□ Lymph Node
□ Mass/Solid Tumor
(Source): _____

□ Probed Urine Slides
□ Fixed Pellets (Bone Marrow & Leukemic Blood)
□ Other: _____
□ Paraffin Slides
Positively charged 3-4μ thick with accompanying marked H & E slide (2 slides per probe minimum)

REFERRING DIAGNOSES *(CHECK ALL THAT APPLY)*

ICD-10: _____

□ Acute Lymphoblastic Leukemia (ALL)
□ Acute Myeloid Leukemia (AML)
□ Acute Promyelocytic Leukemia (APL)
□ Anemia
□ Chronic Myelogenous Leukemia (CML)
□ Chronic Lymphocytic Leukemia (CLL)
□ Hairy Cell Leukemia (HCL)
□ Hodgkin Lymphoma
□ Leukocytosis
□ Leukopenia
□ MGUS
□ Monoclonal Paraproteinemia
□ Multiple Myeloma (MM)
□ Myelodysplastic Syndrome (MDS)
□ Myeloproliferative Neoplasm (MPN)
□ Non-Hodgkin Lymphoma, B-Cell
□ Non-Hodgkin Lymphoma, T-Cell
□ Pancytopenia
□ Plasma Cell Neoplasm
□ Polycythemia
□ Thrombocytosis
□ Thrombocytopenia
□ Other: *(Please Specify)*
_____

REQUESTED TESTING

□ **Chromosome Analysis** (Karyotype)

□ **UroVysion Slide Analysis** (Probed Slide)
□ **PTEN Slide Analysis** (Probed Slide)

□ **FISH:** ***(Check all that apply)***

Adult B-Cell ALL profile
□ del(9p) CDKN2A
□ del(6q) MYB
□ t(9;22) BCR/ABL1/ASS1
□ 11q23 KMT2A (MLL) rearrangements
□ t(1;19) TCF3/PBX1
□ 14q32 IGH rearrangements

Adult T-Cell ALL profile
□ 14q11.2 TRA rearrangements
□ 7q34 TRB rearrangements
□ 10q24 TLX1
□ 5q35 TLX3
□ 11q23 KMT2A (MLL) rearrangements
□ del(9p) CDKN2A

Pediatric ALL profile (COG)
□ t(12;21) ETV6/RUNX1
□ 11q23 KMT2A (MLL) rearrangements
□ t(9;22) BCR/ABL1/ASS1
□ trisomy 4,10,17
□ 14q32 IGH rearrangements
Additional probes
□ t(1;19) TCF3/PBX1

Ph Like ALL profile
□ 1q25.2 ABL2
□ 5q32 PDGFRB
□ 5q32 CSF1R
□ 9p24.1 JAK2
□ 9q34.1 ABL1
□ 19p13.2 EPOR
□ Xp22.33/Yp11.3 CRLF2

Adult AML profile
□ t(15;17) PML/RARA
□ t(9;22) BCR/ABL1/ASS1
□ t(8;21) RUNX1T1/RUNX1
□ 11q23 KMT2A (MLL) rearrangements
□ inv(16), t(16;16) CBFB rearrangements
□ inv(3) MECOM rearrangements
□ 17q RARA rearrangements
□ NUP98 11p15

Pediatric AML profile (COG)
□ t(15;17) PML/RARA
□ t(9;22) BCR/ABL1/ASS1
□ t(8;21) RUNX1T1/RUNX1
□ 11q23 KMT2A (MLL) rearrangements
□ inv(16), t(16;16) CBFB rearrangements
□ inv(3) MECOM rearrangements
□ 17q RARA rearrangements
□ NUP98 11p15

□ **CD19+ clones** ***(Please select below)***
Chronic Lymphocytic (CLL) profile
□ del(11q) ATM
□ trisomy 12
□ del(13q) 13q14/13q34
□ del(17p) TP53
Additional probes
□ t(11;14) CCND1/IGH
□ del(6q) MYB

Chronic Myelogenous (CML) profile
□ t(9;22) BCR/ABL1/ASS1
Additional probes
□ trisomy 8
□ i(17q)

See Molecular/Microarray Requisition for all molecular testing

□ **CD19+ clones** ***(Please select below)***
Lymphoma probes
□ t(8;14) MYC/IGH (Burkitt or Follicular)
□ 8q24 MYC rearrangements
□ t(11;14) CCND1/IGH (Mantle Cell)
□ t(11;18) BIRC3/MALT1
□ 18q21 BCL2 rearrangements
□ 18q21 MALT1 rearrangements
□ t(14;18) IGH/BCL2 (Follicular or Diffuse Large B-Cell)
□ 3q27 BCL6 rearrangements (Diffuse Large B-Cell, Follicular, Marginal Zone B-cell)
□ 2p11.2 IGK
□ 9p21.3 P16
□ 22q11.2-q11.23 IGL

T-cell Leukemia/Lymphoma probes
□ 2p23 ALK (Anaplastic) rearrangements
□ 14q11.2 TRA rearrangements
□ 7q34 TRB rearrangements
□ i(7q)/monosomy 7 (7cen/7q22/7q31)
□ 14q32 TCL1A
□ 10q24 TLX1
□ 5q35 TLX3

Myelodysplastic (MDS) profile
□ del(5q) EGR1
□ del(7q)
□ trisomy 8
□ del(20q)
Additional probes
□ 11q23 KMT2A (MLL) rearrangements
□ t(9;22) BCR/ABL1/ASS1
□ NUP98 11p15
□ 12p13 ETV6 rearrangements

Multiple Myeloma CD138 Enriched (MM) profile (FISHnet™)
□ 1p32.3/1q21 CDKN2C/CKS1B
□ del(13q)/13q14/13q34
□ del(17p) TP53
□ t(11;14) CCND1/IGH
□ t(4;14) FGFR3/IGH
□ t(14;16) IGH/MAF
Additional probes
□ trisomy 5
□ 8q24 MYC rearrangements
□ t(6;14) CCND3/IGH
□ t(14;20) IGH/MAFB

Myeloproliferative (MPN) profile
□ del(5q) EGR1
□ del(7q)
□ trisomy 8
□ del(20q)
□ t(9;22) BCR/ABL1/ASS1
Additional probes
□ 4q12 FIP1L1/CHIC2/PDGFRA
□ 5q32 PDGFRB rearrangements
□ 8p11 FGFR1 rearrangements
□ 9p24 JAK2 rearrangements

Solid Tumor probes
□ EWSR1 Ewing Sarcoma
□ FOXO1 Alveolar Rhabdomyosarcoma
□ DDIT3 (CHOP) Myxoid Liposarcoma
□ LOH 1p/19q Glioma
□ MYCN 2p24.1 Neuroblastoma
□ SS18 Synovial Sarcoma (SYT)
□ Bladder Cancer Screen (Trisomy 3, 7, 17, & 9p21 loss)
Transplant
□ **XX/XY for sex mismatched transplants**
□ **FISH for known abnormalities**
Other:_____

PATIENT PREPARATION

Refer to collection facility's procedures for patient preparation requirements.

SPECIMEN COLLECTION

Specimen Type	Volume	Container	Storage Conditions	Special Instructions
Bone Marrow	Adult: 2-5 mL Child ≥8 days: 2-5 mL Newborn: 1-2 mL	Sodium Heparin Green Top Tube	Room Temperature: 20-22°C or Refrigerated Temperature: 2-8°C	Do Not Freeze Invert Tube 4-8 Times to Prevent Clots
Fine Needle Aspirate/Lymph Node/Bone Core	Entire Aspirate/ Specimen/Biopsy	Sterile Centrifuge Tube with Sterile Saline or RPMI	Room Temperature: 20-22°C or Refrigerated Temperature: 2-8°C	Do Not Freeze Do Not Add Formalin
Fixed Pellets	Pellet must be visible	Sterile Centrifuge Tube with 3:1 Methanol: Acetic Acid	Room Temperature: 20-22°C or Refrigerated Temperature: 2-8°C	
Paraffin-Embedded Tissue	Positively charged 3-4µ thick, 2 slides per probe minimum	Slide Mailer	Room Temperature: 20-22°C	Include H&E Slide Mark Area of Interest
Peripheral Blood	Adult: 2-5 mL Child ≥8 days: 2-5 mL Newborn: 1-2 mL	Sodium Heparin Green Top Tube	Room Temperature: 20-22°C or Refrigerated Temperature: 2-8°C	Do Not Freeze Invert Tube 4-8 Times to Prevent Clots
Peritoneal/Pleural Fluid	15-50 mL Whole Fluid	Sterile Centrifuge Tube or Sterile Specimen Cup	Room Temperature: 20-22°C or Refrigerated Temperature: 2-8°C	Do Not Freeze
Mass/Tumor	Entire Mass/Tumor	Sterile Specimen Cup with Sterile Saline or RPMI media	Room Temperature: 20-22°C or Refrigerated Temperature: 2-8°C	Do Not Freeze Do Not Add Formalin
Urine	≥33 mL	Sterile Container with Carbowax or PreservCyt.	Refrigerated Temperature: 2-8°C	Do Not Freeze Mix the urine at a 2:1 ratio with preservative

Special Instruction: Tyrosine kinase inhibitors such as Gleevec may decrease mitotic index for chromosome studies.

Isolated or Extracted Nucleic Acid Acceptance Policy: Genetics Associates, Inc. only accepts nucleic acid for clinical testing that was isolated or extracted in a CLIA-certified laboratory or a laboratory meeting equivalent requirements as determined by the CAP and/or the CMS.

SPECIMEN COLLECTION AND TRANSPORTATION

- Clearly label each specimen with patient name and one other unique identifier such as date of birth or medical record number.
- Call Genetics Associates, Inc. at 615-327-4532 for pick-up in the greater Nashville area.
- Federal Express overnight shipment will be provided for all outlying areas.
- Mark the "**Saturday Delivery**" box on the FedEx air bill for all samples shipped on Friday.
- Send samples with a cold pack during warmer weather to ensure specimen integrity. (Use frozen cold pack for specimens requesting PCR)
- **Refer to the Genetics Associates website for complete specimen collection guide. www.geneticsassociates.com**

USE OF SPECIMENS

Genetics Associates Inc. may retain patient samples (specimens) for test development and improvement, internal validation, quality assurance, and training purposes. All patient information is maintained as confidential and secure. All patient samples which are retained by Genetics Associates, Inc. are de-identified and all individually identifiable patient information is removed before samples are used.

Declining the use of remaining samples for test development and improvement, internal validation, quality assurance, and training purposes will not impact the services to you by Genetics Associates, Inc. diagnostic testing/reports.

If the box below is not checked, you consent to the use of your de-identified patient sample for the limited purposes described above.

□ I am checking this box to indicate that the sample may NOT be used for validation, educational purposes and/or research.

By marking the box below, you may decline research use and it will not impact the services to you by Genetic Associates, Inc. diagnostic testing/reports. Unless you mark the box below, you consent to the use of your de-identified patient sample for the limited purposes described above.

□ I am checking this box to indicate that the sample may **NOT** be used for validation, educational purposes and/or research. Patient initials: _____

Signature of Patient /Authorized Representative **(Required)** _____ Date **(Required)** _____