

Cytogenetics Oncology Requisition

Patient Information	Client Information
Name (Last, First, MI):	Ordering Physician Name:
Address:	Ordering Physician NPI:
City, State, Zip:	Office/Facility Name:
Patient Phone: Fax:	Client Address:
Patient DOB: Sex:	City, State, Zip:
Patient ID/MRN #:	Client Phone: Fax:
Notes:	Account #:

Additional Physicians To Receive Report Copy		
CC Physician Name:	CC Physician Phone:	Fax:
CC Physician Name:	CC Physician Phone:	Fax:

Billing Information		
<input type="checkbox"/> Bill Insurance (Please Attach Copy of Insurance Card or Billing Face Sheet) <input type="checkbox"/> Bill Client (Invoice will be sent to Client Address Listed Above) <input type="checkbox"/> Bill Patient		
Primary Insurance Company Name: _____ Group # _____ Policy# _____ <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare (If Medicare denies payment, patient agrees to be personally responsible for charges.) Signature: _____ Relation to Insured : <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____		
Secondary Insurance Company Name: _____ Group # _____ Policy# _____ <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare (If Medicare denies payment, patient agrees to be personally responsible for charges.) Signature: _____ Relation to Insured : <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____		

Clinical Information		
Clinical Diagnosis:	ICD-9 (Required):	Date of Specimen Collection:
Previous BMT: <input type="checkbox"/> Yes <input type="checkbox"/> No Donor Sex _____ Date of Transplant: _____		Time of Specimen Collection:
Blood Differential: Segs _____ Eos _____ Lymph _____ Bands _____ Baso _____ Mono _____ Platelets _____ WBC _____ Other _____		Tissue Site: Current Medications:

Chromosome Studies			
Test Code	Test Name	Test Code	Test Name
<input type="checkbox"/> 6066	Bone Marrow Chromosome Analysis	<input type="checkbox"/> 6750	Solid Tissue/ Spleen
<input type="checkbox"/> 6076	Breakage : Neoplastic Bone Marrow or Tumor	<input type="checkbox"/> 6810	Solid Tissue Chromosome Analysis
<input type="checkbox"/> 6300	Hem/Onc Blood Chromosome Analysis		Other Tissue Type (please specify):
<input type="checkbox"/> 6460	Solid Tissue / Lymph Node		

*Chromosome studies will reflex to FISH if clinically relevant abnormalities are detected. FISH testing will be billed separately.

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FISH Panels			
Test Code	Test Name	Probes	Chromosome Abnormalities
<input type="checkbox"/> 7010	ALL Panel	ETV6/RUNX1 BCR/ABL + ASS MLL CEP 4/CEP 10/ CEP 17 E2A IGH	t(12;21) (prev. known as TEL/AML1) t(9;22) 11q23 rearrangement +4, +10, and +17 19p13.3 rearrangement 14q32 rearrangement
<input type="checkbox"/> 8021	ALL Aneuploidy	CEP 4/CEP 10/ CEP 17	+4, +10, and +17
<input type="checkbox"/> 7014	AML Panel	EGR1/D5S23/D5S21 D7S522/CEP 7 MLL BCR/ABL + ASS PML/RARA ETO/AML1 CBFB	-5/5q deletion -7/7q deletion 11q23 rearrangement t(9;22) t(15;17) t(8;21) inv(16) or t(16;16)
<input type="checkbox"/> 7061	Burkitt Panel	IGH/MYC/CEP 8 MYC break apart	t(8;14) 8q24 rearrangement
<input type="checkbox"/> 7100	CLL/SLL Panel	IGH/CCND1 ATM TP53 D13S319/13q34 CEP 12 6q21,6q23 (MYB)	t(11;14) ATM deletion TP53 deletion -13/13q deletion +12 6q deletion
<input type="checkbox"/> 7450	Diffuse Large B-cell Lymphoma Panel	IGH/CCND1 IGH/BCL2 MYC BCL6	t(11;14) t(14;18) 8q24 rearrangement 3q27 rearrangement
<input type="checkbox"/> 7210	Fanconi Anemia Panel	1p/1q EGR1/D5S23/D5S21 D7S522/CEP 7 CEP 8 D20S108/20ptel BCL6 /CEP 3	gain of 1q -5/5q deletion -7/7q deletion +8 -20/20q deletion gain of 3q
<input type="checkbox"/> 7190	Hypereosinophilia Panel	FIP1L1/CHIC2/PDGFR PDGFRB FGFR1	CHIC2 deletion (FIP1L1/PDGFR fusion) 5q33 rearrangement 8p12 rearrangement
<input type="checkbox"/> 7270	Glioma Panel	1p36, 1q25 19q13, 19p13 EGFR, CEP 7 PTEN, CEP 10	deletion 1p deletion 19q EGFR amplification Deletion 10q, monosomy 10
<input type="checkbox"/> 7454	Marginal Zone Lymphoma Panel	BCL6/CEP 3 AP12/MALT1 IGH/MALT IGH CEP 7/CEP 18	3q27 rearrangement and +3 t(11;18) t(14;18) 14q32 rearrangement +18
<input type="checkbox"/> 7520	Multiple Myeloma Panel	TP53 D13S319/RB1 IGH/FGFR3 IGH/CCND1 IGH/MAF	TP53 deletion -13/13q deletion t(4;14) t(11;14) t(14;16)
<input type="checkbox"/> 8022	Multiple Myeloma Aneuploidy	D5S23/D5S21/CEP 9/ CEP 15	+5, +9 and +15
<input type="checkbox"/> 7500	MDS Panel	EGR1/D5S23/D5S21 D7S522/CEP 7 CEP 8 D20S108/20ptel MLL TP53	-5/5q deletion -7/7q deletion +8 -20/20q deletion 11q23 rearrangement TP53 deletion

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FISH Assays			
Test Code	Test Name	Test Code	Test Name
<input type="checkbox"/> 8018	ALK breakapart	<input type="checkbox"/> 8218	FGFR1
<input type="checkbox"/> 8020	AML/ETO t(8;21)	<input type="checkbox"/> 8230	FOXO1
<input type="checkbox"/> 8025	AP12/MALT1 t(11;18)	<input type="checkbox"/> 8250	FUS
<input type="checkbox"/> 8027	ATM	<input type="checkbox"/> 8274	1p/19q glioma
<input type="checkbox"/> 8040	BCL2 breakapart	<input type="checkbox"/> 8300	HER-2 /neu amplification
<input type="checkbox"/> 8050	BCL6 (3q)	<input type="checkbox"/> 7359	IGH/BCL2 (14Q32) breakapart
<input type="checkbox"/> 7040	BCR/ABL +/- ASS t(9;22)	<input type="checkbox"/> 7360	IGH/BCL2 t(14;18)
<input type="checkbox"/> 8075	CBFB inv 16 or t(16;16)	<input type="checkbox"/> 7090	IGH/CCND1 t(11;14)
<input type="checkbox"/> 8080	CEP X and Y status post transplant	<input type="checkbox"/> 8338	IGH/FGFR3 t(4;14)
<input type="checkbox"/> 8087	8 centromere	<input type="checkbox"/> 8340	IGH/MAF t(14;16)
<input type="checkbox"/> 8090	CHIC 2 (FIP1L1-PDGFR)	<input type="checkbox"/> 8341	IGH/MALT1 t(14;18)
<input type="checkbox"/> 8091	12 centromere	<input type="checkbox"/> 8342	IGH/MYC t(8;14)
<input type="checkbox"/> 8092	CHOP	<input type="checkbox"/> 8490	MALT1
<input type="checkbox"/> 8098	C-MYC	<input type="checkbox"/> 8498	MDM2
<input type="checkbox"/> 8100	COL1A-PDGFB Fusion (Dermatofibrosarcoma Protuberans)	<input type="checkbox"/> 8500	MET amplification
<input type="checkbox"/> 8105	CSF1R (5q)	<input type="checkbox"/> 8503	MLL
<input type="checkbox"/> 8115	Cyclin D1 (CCND-1)(11q)	<input type="checkbox"/> 8546	1p36 neuroblastoma
<input type="checkbox"/> 8125	D138S25 (13q)	<input type="checkbox"/> 8580	N-myc
<input type="checkbox"/> 8127	D13S319/13q34	<input type="checkbox"/> 8615	p16 (9p21)
<input type="checkbox"/> 8129	C20S108 (20Q12)/20p telomere	<input type="checkbox"/> 8618	P53
<input type="checkbox"/> 8130	D7S486 (7q)	<input type="checkbox"/> 8625	PDGFRB
<input type="checkbox"/> 8132	D7S522(7q)	<input type="checkbox"/> 8636	PML/RARA t(15;17)
<input type="checkbox"/> 8175	E2A (19p)	<input type="checkbox"/> 8642	PTEN
<input type="checkbox"/> 8180	EGFR	<input type="checkbox"/> 8670	6q21, MYB (6q23)
<input type="checkbox"/> 8182	EGR1 (5q)	<input type="checkbox"/> 8692	RB1/D13S319
<input type="checkbox"/> 8794	ETV6/RUNX1 t(12;21); formerly TEL/AML1	<input type="checkbox"/> 8774	SS18 breakapart (18q11.2; formerly SYT)
<input type="checkbox"/> 8795	ETV6 breakapart	<input type="checkbox"/> 8950	X & Y
<input type="checkbox"/> 8200	EWSR1		