

# CYTOGENETICS ONCOLOGY REQUISITION

## HAMILTON HEALTH SCIENCES

Hamilton Regional Laboratory Medicine Program  
**Regional Cytogenetics Laboratory, Room 3H45**  
**McMaster University Medical Centre**  
**1200 Main St. W., Hamilton Ontario L8N 3Z5**  
 Office: 3N14 (905) 521-2100 Ext. 73707

### Patient Information

**\*Name (print)**

Surname, First Name

**Address**

**\*DOB (DD/MM/YY)**

**\*Sex M [ ] F [ ]**

**\*Health Card No.:**

**\*Mandatory Information:** (Specimen cannot be processed without this data)

### REPORTS TO:

### Additional Copies to:

### DATE SAMPLE TAKEN:

\*Ordering Physician: \_\_\_\_\_

\*Surname, First Name

Name: \_\_\_\_\_

\*Surname, First Name

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\*Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\*Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Fax: \_\_\_\_\_

(DD/MM/YY):

Ward/Hospital where sample taken:

Please use a **MOLECULAR ONCOLOGY REQUISITION** for all molecular based tests. There is a separate requisition for familial cancers (breast, colon, etc.)

**Specimen Submitted:** Submit samples at **room temperature**.

- Bone Marrow (1-5 mL fresh aspirate in **Sodium Heparin**)
- Peripheral Blood (5 mL in **Sodium Heparin**)
- FFPE (4 µm sections on positively charged slides)
- Other: \_\_\_\_\_

**Priority:**

- Routine
- Urgent

**Testing Requested:** Please see the HRLMP Laboratory test information guide for complete sample requirements  
<http://www.itig.hrlmp.ca/>

### CHROMOSOME ANALYSIS

**Provisional Diagnosis:**

- ALL
- AML
- CML
- CLL
- MDS
  - Primary
  - Secondary
- MPN
- MM
- LYMPHOMA
- STROMAL TUMOR
- OTHER: \_\_\_\_\_

Clinical History/Presumed  
Diagnosis:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FISH Probes:** Will only be performed if specifically requested or if diagnosis has been confirmed, Molecular testing may be substituted when indicated. Please check individual probe(s).

#### HAEMATOLOGIC PROBES/PANELS

**CLL**  
 ATM/13q14-34/TP53/+12

**MM**  
 TP53/FGFR3

#### LEUKEMIA (ALL/AML)

MLL (11q23)  
 PDGFRA (4q12)  
 PDGFRB (5q32-33)  
 BCR/ABL (t(9;22))

#### MDS

5q (EGR1 – 5q31)

#### Bone Marrow Transplant

CEP X/Y

#### LYMPHOMA

Burkitt (MYC – 8q24)  
 Follicular/DLBCL (IGH/BCL2 - t(14;18))  
 Mantle Cell (IGH/CCND1 - t(11;14))  
 Anaplastic LCL (ALK - 2p23)  
 MALT (t(11;18))  
 NHL (BCL6 – 3q27)  
 IGH (14q32)

#### SOLID TUMOURS

ALK (Lung CA – 2p23)  
 Ewing Sarcoma, PNET  
 Synovial Sarcoma (SS18 – 18q11.2)  
 FUS (16p11)  
 Alveolar rhabdomyosarcoma (PAX 3/ PAX 7)

Other (specify):

### LAB USE ONLY:

TECH:

LAB NO:

RECEIVED:

COMMENTS ON SPECIMEN: