

MOLECULAR 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 data)

REPORTS TO:

Additional Copies to:

DATE SAMPLE TAKEN:

*Ordering Physician: _____ Name: _____
 * Surname, First Name *Surname, First Name (DD/MM/YY):
 Address: _____ Address: _____
 *Phone: _____ Fax: _____ *Phone: _____ Fax: _____
 Physician Signature: _____
 Ward/Hospital where sample taken:

Specimen Submitted:

- Bone Marrow (1-5 mL fresh aspirate in EDTA)
- Peripheral Blood in EDTA (PB)
 - See volume requirements below
- FFPE Tissue Curls _____

Priority:

- Routine
- Urgent

Diagnostic Status:

- Suspected/unknown
- Previously diagnosed

Testing Requested: Please see the HRLMP Laboratory test information guide for complete sample requirements
<http://www.itig.hrlmp.ca/> *** Samples for RNA must be received within 48hours

Chronic Leukemias (CML)

- BCR/ABL – t(9;22)
 Quantitative PCR (Q-PCR) 3 x 4ml EDTA required
 Treatment: _____

Acute Leukemia

- | | |
|--|--|
| AML | ALL |
| <input type="checkbox"/> FULL PANEL | <input type="checkbox"/> FULL PANEL |
| OR | OR |
| <input type="checkbox"/> AML1/ETO – t(8;21) | <input type="checkbox"/> BCR/ABL – t(9;22) |
| <input type="checkbox"/> CBFB – inv (16) | <input type="checkbox"/> TEL/AML1 – t(12;21) |
| <input type="checkbox"/> PML/RARA – t(15;17) | <input type="checkbox"/> E2A/PBX1 – t(1;19) |
| <input type="checkbox"/> BCR/ABL – t(9;22) | |
| <input type="checkbox"/> FLT3/NPM1 | |

Bone Marrow Transplant (Chimerism)

*Pre BMT samples must be sent/received by the lab before performing Post BMT testing.

- Pre BMT (4ml from donor and recipient)
 Day 0 = _____ Donor Recipient
 Donor for _____
 Same sex donor Opposite sex donor
- Post BMT (4x4ml or 20ml required)
 Number of Days Post: _____

Lymphoproliferative Neoplasm

- B-cell rearrangement
- T-cell rearrangement
- BCL1 rearrangement (Mantle cell Lymphoma)
- BCL2 -JHa rearrangement(Follicular Lymphoma)

- 1p19q LOH for Glioma

Myeloproliferative Neoplasm

- JAK2 (V617F) Mutation
- JAK2 Exon 12 Mutations (1mL Bone marrow required)
- MPL 515 -Thrombopoietin receptor mutations

Clinical History/Presumed Diagnosis: _____

LAB USE ONLY

TECH: _____ LAB NO: _____ RECEIVED: _____

COMMENTS ON SPECIMEN: _____