
 BRIGHAM AND WOMEN'S HOSPITAL <small>A Teaching Affiliate of Harvard Medical School          75 Francis Street, Boston, Massachusetts 02115</small>		 DANA-FARBER CANCER INSTITUTE		<b>Lab Requisition</b> <b>CAMD</b>		Name	
						MRN	
						DOB	
						M/F	
<b>Cytogenetics: Bone Marrow and Leukemic Blood</b>							
Location/Institution				Reserved For CAMD Sticker			
ICD-9 Code(s): (Required)				<b>Collection Information</b>			
		Date		Time		Drawn by:	
						Phleb. ID	RN/MD ID
Ordering Clinician: Please print First, Last Name			Clinical ID/NPI#		Contact Name & Phone Number		
Clinician Signature (Required)			Fax Number for Patient Reports			Clinician's Phone Number	
Send Duplicate Reports To: (Name/Address/Fax#/Phone#)							
<b>Clinical Information:</b>							
Indication: _____				<input type="checkbox"/> ALL	<input type="checkbox"/> CML	<input type="checkbox"/> MM	
Clinical Information:				<input type="checkbox"/> AML	<input type="checkbox"/> NHL	<input type="checkbox"/> Other	
				<input type="checkbox"/> CLL	<input type="checkbox"/> MDS	Post BMT: Sex of BM Donor? <input type="checkbox"/> Male <input type="checkbox"/> Female	
SPECIMEN SUBMITTED: <input type="checkbox"/> Bone Marrow: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Leukemic Blood    WBC: _____							
<input type="checkbox"/> FNA <input type="checkbox"/> Vitreous Fluid <input type="checkbox"/> CSF <input type="checkbox"/> Other: _____							
<b>Test Requested:</b>							
<input type="checkbox"/> Routine Karyotype <b>R P</b>		<input type="checkbox"/> Routine Karyotype and/or FISH <b>P</b>			<input type="checkbox"/> FISH only <b>R P</b> (see below)		
<b>FISH (Fluorescence In Situ Hybridization)</b>							
Must specify Probe(s) or Chromosome(s) of focus:							
<b>FISH Panels:</b>							
<b>ALL (Pediatric)</b>		<b>CLL</b>			<b>MM</b>		
TEL/AML1 t(12;21)		ATM del/t(11q22.3), P53 del(17p13)			D13S319/LSI13q34 del(13)(q14)		
BCR/ABL1 t(9;22)		D12Z3 trisomy 12, D13S319, LSI13q34 del(13q14)			FGFR3/IGH t(4;14)		
MLL t(11q23)		CCND1/IGH t(11;14)			CCND1/IGH t(11;14)		
Trisomies 4, 10, 17					P53 del(17)(p13.1)		
					MAF/IGH t(14;16)		
<b>Single Probe Sets</b>							
BCR/ABL1 t(9;22)		PDGFRA (CHIC2) del/t(4q12)		FGFR1 t(8p11)		ETV6 t(5;12)	
7q-/7		5q-/5		ETO/AML t(8;21)		PML/RARA t(15;17)	
CBFB inv(16)		MLL t(11q23)		Trisomy 8		EVI1 inv(3)/t(3;3)	
20q-		JAK2 9p24					
<b>Lymphomas</b>							
Non-Hodgkin Lymphoma: IGH t(14q32)				Mantle Cell Lymphoma: CCND1/IGH t(11;14)			
Follicular Lymphoma: IGH/BCL2 t(14;18)				Burkitt Lymphoma: MYC t(8q24)			
Diffuse Large Cell Lymphoma: BCL6 t(3q27), IGH/BCL2 t(14;18)				Anaplastic Large Cell Lymphoma: ALK t(2p23)			
MALT Lymphoma: MALT1 t(11;18), t(14;18)				Splenic Marginal Zone Lymphoma: D7S486/D7Z1 7q-			
Hepatosplenic T-cell Lymphoma: D7S486/D7Z1 i(7)(q10)							
<b>Chimerism XX/XY</b>							
DXZ1, DYZ1							
<b>P</b> Note: Procedures with abnormal results will receive a Professional Interpretation unless indicated here: <input type="checkbox"/> No Professional Interpretation							
<b>R</b> Reflex or confirmatory testing, if required, will be performed, reported and billed unless indicated here: <input type="checkbox"/> No reflex tests							
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