Brigham and Women's Hospital
Founding Member, Mass General Brigham

Lab Requisition

CAMD

Cytogenetics: Bone Marrow and Leukemic Blood

Name

MRN

DOB

Sex at Birth

Location/Institution	Reserved For CAMD Sticker
ICD-10 Code(s): (ICD-10-CM codes required as of 10/1/15)	

Collection Information

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

Ordering Clinician Address:

Send Duplicate Reports To: (Name/Address/Fax#/Phone#)

Clinical Information:

Indication: _____

Clinical Information: _____

□ ALL	□ CML	□ MM
□ AML	□ NHL	□ Other
□ CLL	□ MDS	Post BMT: Sex of BM Donor? □ Male □ Female

SPECIMEN SUBMITTED: □ Bone Marrow: □ Left □ Right □ Leukemic Blood WBC: _____

□ FNA □ Vitreous Fluid □ CSF □ Other: Specify_____

Special Handling Instructions (optional)

Test Requested:

□ **Routine Karyotype** □ **Routine Karyotype and/or FISH** □ **FISH only** (see below)

FISH Panels:

ALL (Pediatric)	**CLL+**	**MM**	**Eosinophilia**
□ *TEL/AML1* t(12;21)	□ *ATM* del/t(11q22.3), *P53* del(17p13)	□ *IGH* 14q32	□ *ETV6 12p13*
□ *BCR/ABL1* t(9;22)	□ *D12Z3* trisomy 12, *D13S319*, *LSI13q34*	□ *FGFR3/IGH* t(4;14)	□ *JAK2 9p24*
□ *MLL* 11q23 (KMT2A)	□ *CCND1/IGH* t(11;14)	□ *CCND1/IGH* t(11;14)	□ *FIP1L1/LNX/PDGFRA(4q12)*
□ *Trisomies 4, 10*	□	□ *P53* del(17)(p13.1)	□ *FGFR1 8p11*
□ *PDGFRB* 5q32	**CLL** -	□ *IGH/MAF* t(14;16)	□ *PDGFRB 5q32*
□ *ABL1* 9q34	□ *ATM* del/t(11q22.3), *P53* del(17p13)	□ *MYC* 8q24	□
□ *ABL2* 1q25.2	□ *D12Z3* trisomy 12, *D13S319*, *LSI13q34*	□ *5+9+15*	□
□	□	□ *1p/1q* 1p32/1q21	□

Single Probe Sets

□ *BCR/ABL1* t(9;22)	□ *FIP1L1/LNX/PDGFRA* (4q12)	□ *FGFR1* 8p11	□ *ETV6* 12p13
□ *7q-/-7*	□ *5q-/-5*	□ *ETO/AML* t(8;21)	□ *PML/RARA* t(15;17)
□ *CBFB* inv(16), *MYHII/CBFB*	□ *MLL* 11q23	□ *Trisomy 8*	□ *EVI1* inv(3)/t(3;3) (MECOM)
□ *20q-*	□ *JAK2* 9p24	□ *TRA/D* 14q11.2	□ *IGH/MYC+8* t(8;14)
□ *13q-*	□ *CDKN2A* 9p21	□ *NUP98* 11p15.4	□

Lymphomas

□ Non-Hodgkin Lymphoma: *IGH* 14q32	□ Mantle Cell Lymphoma: *CCND1/IGH* t(11;14)
□ Follicular Lymphoma: *IGH/BCL2* t(14;18)	□ Burkitt Lymphoma: *MYC* 8q24
□ Diffuse Large Cell Lymphoma: *BCL6* 3q27, *IGH/BCL2* t(14;18),	□ Anaplastic Large Cell Lymphoma: *ALK* 2p23
□ MALT Lymphoma: *MALT1* 18q21.3	□ Splenic Marginal Zone Lymphoma: *D7S486/D7Z1* 7q-
□ Hepatosplenic T-cell Lymphoma: *D7S486/D7Z1* i(7)(q10)	

P Note: Procedures with abnormal results will receive a Professional Interpretation unless indicated here: □ No Professional Interpretation

R Reflex or confirmatory testing, if required, will be performed, reported and billed unless indicated here: □ No reflex tests

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