

Cytogenetics Hematologic FISH Panel

Patient Information Sheet

Instructions: Please complete all information below. When completed, send this paperwork with the specimen. For questions or additional assistance, phone 1-800-533-1710 and ask for the on-call Cytogenetics Genetic Counselor.

Patient Name (First, Middle, Last)	Birth Date (Month DD, YYYY)	MML Account Number
Referring Physician Name	Phone	Fax
Other Contact	Phone	Fax

Reason for Referral

Diagnosis Status: Suspected/Unknown Known/Previously diagnosed Not Applicable

Transplant Status: Pre-Transplant Post-allogeneic Same Sex Transplant Post-allogeneic Opposite Sex Transplant
 Post-autologous Transplant Not Applicable

Testing: Check boxes for entire panel or specific probes needed. If patient is being tracked for a known anomaly, please mark that anomaly below.

<p>FBALL-ALL (B-Cell), FISH</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Probe Loci</th> <th style="width: 50%;">Chromosome Anomalies</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> PBX1/TCF3</td> <td>t(1;19)</td> </tr> <tr> <td><input type="checkbox"/> ETV6/RUNX1</td> <td>t(12;21)</td> </tr> <tr> <td><input type="checkbox"/> ABL1/BCR</td> <td>t(9;22)</td> </tr> <tr> <td><input type="checkbox"/> MLL</td> <td>11q23 rearrangement</td> </tr> <tr> <td><input type="checkbox"/> CDKN2A/Cen9</td> <td>-9/9p deletion or +9</td> </tr> <tr> <td><input type="checkbox"/> Cen4/Cen10/Cen17</td> <td>hyper- or hypodiploidy</td> </tr> <tr> <td><input type="checkbox"/> IGH</td> <td>14q32 rearrangement</td> </tr> </tbody> </table>	Probe Loci	Chromosome Anomalies	<input type="checkbox"/> PBX1/TCF3	t(1;19)	<input type="checkbox"/> ETV6/RUNX1	t(12;21)	<input type="checkbox"/> ABL1/BCR	t(9;22)	<input type="checkbox"/> MLL	11q23 rearrangement	<input type="checkbox"/> CDKN2A/Cen9	-9/9p deletion or +9	<input type="checkbox"/> Cen4/Cen10/Cen17	hyper- or hypodiploidy	<input type="checkbox"/> IGH	14q32 rearrangement	<p>FCLL-CLL, FISH</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Probe Loci</th> <th style="width: 50%;">Chromosome Anomalies</th> </tr> </thead> <tbody> <tr> <td colspan="2"><input type="checkbox"/> Entire Panel Only</td> </tr> <tr> <td>MYB/Cen6</td> <td>-6/6q deletion</td> </tr> <tr> <td>ATM/Cen11</td> <td>-11/11q deletion</td> </tr> <tr> <td>MDM2/Cen12</td> <td>+12</td> </tr> <tr> <td>D13S319/LAMP1</td> <td>-13/13q deletion</td> </tr> <tr> <td>CCND1/IGH</td> <td>t(11;14)</td> </tr> <tr> <td>TP53/Cen17</td> <td>17p deletion</td> </tr> </tbody> </table>	Probe Loci	Chromosome Anomalies	<input type="checkbox"/> Entire Panel Only		MYB/Cen6	-6/6q deletion	ATM/Cen11	-11/11q deletion	MDM2/Cen12	+12	D13S319/LAMP1	-13/13q deletion	CCND1/IGH	t(11;14)	TP53/Cen17	17p deletion																										
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