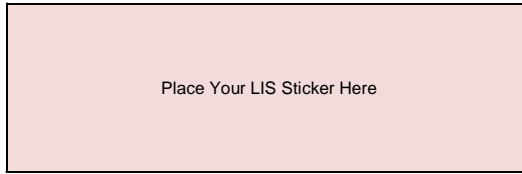


CYTOGENETICS & FISH – HEMATOLOGY/ONCOLOGY Requisition

Please have all specimens delivered to:

Central Services
MS551 820 Sherbrook St
Winnipeg, Manitoba R3A 1R9



Additional requisitions and sample requirements available at:
www.dsmanitoba.ca/info for professionals/LIM

Cytogenetics Laboratory
Health Sciences Centre
MS635C, 820 Sherbrook St.
Winnipeg, Manitoba R3A 1R9
Phone: 204-787-2489 Fax: 204-787-1384

ORDERING PROVIDER INFORMATION				PATIENT INFORMATION																																			
*Last & Full First Name:		Billing Code:		*Last/First Name: (as per Manitoba Health Card)																																			
*Ordering Facility:		Inpatient Location:		*Date of Birth: (dd / mm / yyyy)	*Address:																																		
Address:				*Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	*Phone No:																																		
*Critical Results Phone No:		*Fax No.		*PHIN:	Postal Code:																																		
ADDITIONAL COPY OF REPORT IF REQUIRED				*Alternate ID: (include ID type with number i.e. RCMP, SK, DND, etc.)	City:	Province:																																	
*Last & Full First Name:		Billing Code:		MHSC#:	MRN:																																		
*Facility Name:				Encounter Number:																																			
Address:				Demographics verified with: <input type="checkbox"/> Health Card <input type="checkbox"/> eChart/CR <input type="checkbox"/> Armband																																			
Phone No:		*Fax No.																																					
SAMPLE TYPE & REQUIREMENTS				COLLECTION INFORMATION																																			
<input type="checkbox"/> Bone Marrow 2mL in a bone marrow collection tube obtained from laboratory: 204-787-2489. Store at room temperature. DO NOT FREEZE.				WBC Count: _____ x10 ⁹ /L		*Collection Date: _____ / _____ / _____ (dd / mm / yyyy)																																	
<input type="checkbox"/> Peripheral Blood 2-4mL in a NaHep vacutainer. Store at room temperature. DO NOT FREEZE.																																							
<input type="checkbox"/> Bone Core Biopsy Specimen collected aseptically, placed in a bone marrow collection tube obtained from laboratory: 204-787-2489. Store at room temperature. DO NOT FREEZE.				*Collection Time: _____ : _____ (hh : mm)																																			
<input type="checkbox"/> Lymph Node Specimen collected aseptically, placed in sterile culture medium and immediately transported at room temperature. If shipping delayed, refrigerate specimen. DO NOT FREEZE.				Collected By: _____																																			
<input type="checkbox"/> FFPE Tissue; Block No.: _____ Specimen Id: _____ Source/Site: _____ FFPE tissue slides for FISH: cut at 4µm. Must be accompanied with a H&E recut, marked with the region of interest. Store at room temperature.																																							
<input type="checkbox"/> Other:																																							
Indication for Testing:																																							
TEST(S) REQUESTED	PROVISIONAL DIAGNOSIS:	FISH PROBE LIST:																																					
Chromosome Analysis <input type="checkbox"/> Diagnostic <input type="checkbox"/> Follow-up <input type="checkbox"/> 1FISH (select probe from list) <input type="checkbox"/> Fix and store Chromosome Breakage Studies (Oncologist only): <input type="checkbox"/> Fanconi Anemia <input type="checkbox"/> Ataxia Telangiectasia	<input type="checkbox"/> AML <input type="checkbox"/> APL <input type="checkbox"/> CML <input type="checkbox"/> ALL <input type="checkbox"/> CLL <input type="checkbox"/> MDS/MPN <input type="checkbox"/> Burkitt Lymphoma <input type="checkbox"/> Mantle Cell Lymphoma <input type="checkbox"/> Other:	Some probes may be available for testing by send-out only. For in-house testing, probes may need to be ordered as required. Check with FISH lab for availability prior to ordering. (BA = break-apart; ES = extra signal; DF = dual fusion) <table border="0"> <tr> <td><input type="checkbox"/> CLL Panel</td> <td><input type="checkbox"/> BCR/ABL1 DF</td> <td><input type="checkbox"/> Myeloma Panel</td> <td><input type="checkbox"/> FOXO1</td> </tr> <tr> <td><input type="checkbox"/> RARA BA</td> <td><input type="checkbox"/> BCR/ABL1 ES</td> <td><input type="checkbox"/> B-ALL Panel</td> <td><input type="checkbox"/> HER2</td> </tr> <tr> <td><input type="checkbox"/> IGH/CCND1 DF</td> <td><input type="checkbox"/> ETV6/RUNX1 DF</td> <td><input type="checkbox"/> T-ALL Panel</td> <td><input type="checkbox"/> MDM2</td> </tr> <tr> <td><input type="checkbox"/> C-MYC BA</td> <td><input type="checkbox"/> ETV6/RUNX1 ES</td> <td><input type="checkbox"/> AML Panel</td> <td><input type="checkbox"/> N-MYC</td> </tr> <tr> <td><input type="checkbox"/> IGH/BCL2 DF</td> <td><input type="checkbox"/> ETV6 BA</td> <td><input type="checkbox"/> CDK4</td> <td><input type="checkbox"/> PAX3</td> </tr> <tr> <td><input type="checkbox"/> BCL6 BA</td> <td><input type="checkbox"/> KMT2A (MLL) BA</td> <td><input type="checkbox"/> ERG</td> <td><input type="checkbox"/> PAX7</td> </tr> <tr> <td><input type="checkbox"/> CBFBA BA</td> <td><input type="checkbox"/> CEP7</td> <td><input type="checkbox"/> FLI1</td> <td><input type="checkbox"/> ALK</td> </tr> <tr> <td><input type="checkbox"/> PML/RARA DF</td> <td><input type="checkbox"/> PBX1/TCF3 DF</td> <td><input type="checkbox"/> EWSR1</td> <td><input type="checkbox"/> †Other:</td> </tr> </table>						<input type="checkbox"/> CLL Panel	<input type="checkbox"/> BCR/ABL1 DF	<input type="checkbox"/> Myeloma Panel	<input type="checkbox"/> FOXO1	<input type="checkbox"/> RARA BA	<input type="checkbox"/> BCR/ABL1 ES	<input type="checkbox"/> B-ALL Panel	<input type="checkbox"/> HER2	<input type="checkbox"/> IGH/CCND1 DF	<input type="checkbox"/> ETV6/RUNX1 DF	<input type="checkbox"/> T-ALL Panel	<input type="checkbox"/> MDM2	<input type="checkbox"/> C-MYC BA	<input type="checkbox"/> ETV6/RUNX1 ES	<input type="checkbox"/> AML Panel	<input type="checkbox"/> N-MYC	<input type="checkbox"/> IGH/BCL2 DF	<input type="checkbox"/> ETV6 BA	<input type="checkbox"/> CDK4	<input type="checkbox"/> PAX3	<input type="checkbox"/> BCL6 BA	<input type="checkbox"/> KMT2A (MLL) BA	<input type="checkbox"/> ERG	<input type="checkbox"/> PAX7	<input type="checkbox"/> CBFBA BA	<input type="checkbox"/> CEP7	<input type="checkbox"/> FLI1	<input type="checkbox"/> ALK	<input type="checkbox"/> PML/RARA DF	<input type="checkbox"/> PBX1/TCF3 DF	<input type="checkbox"/> EWSR1	<input type="checkbox"/> †Other:
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Additional Information:																																							

*Oncology FISH can only be ordered by a Cytogeneticist, Pathologist, Clinical Hematologist, or Medical Oncologist. Please arrange for a clinical consult as required.

†Other oncology FISH requests may be available for testing by send-out only and are to be discussed with a Cytogeneticist/Hematopathologist.

Cytogenetics Lab Use Only				(Genomics LIS label)
Computer Code: _____	Status Code: _____			
Laboratory Number: _____	Date Sample Received: _____			