UPMC
LIFE CHANGING MEDICINE

UPMC CYTOGENETICS LABORATORY
Oncology Cytogenetic Study Requisition

UPMC Magee-Womens Hospital
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PATIENT INFORMATION (Please print or apply patient label):			SPECIMEN (Check one)
Last Name:	First:	MI:	Date/Time of Collection:
Address:			Amount Drawn:
City:	State:	Zip:	○ Bone Marrow ○ Peripheral Blood
Phone #:	DOB (mm/dd/yyyy)		○ Tumor type (location):
Genetic Sex: ○ Male ○ Female ○ Ambiguous ○ Unknown			○ Lymph node (location):
Medical Record #:	Account#:		

REFERRING PHYSICIAN (MUST BE COMPLETED)	
Ordering Provider: Address: Tel: Fax:	Additional Report To: Address: Tel: Fax:
Signature of Ordering Provider (REQUIRED):	

DIAGNOSIS (INDICATION FOR TESTING (MUST BE COMPLETED)

PB/ CLINICAL ABNORMALITIES:					
□ Anemia	□ Neutropenia □ Thrombocytopenia	□ Leukocytosis □ Lymphocytosis	□ Eosinophilia □ Thrombocytosis	□ Lymphadenopathy □ Splenomegaly	□ Blasts □ Other: _____

ACUTE LEUKEMIA:	OTHER MYELOID NEOPLASMS	MATURE B-CELL NEOPLASMS:	MATURE T-CELL NEOPLASMS:	PLASMA CELL NEOPLASMS:
○ AML	○ MDS	○ Burkitt	○ AITL	○ Myeloma
○ APL	○ MPN	○ CLL	○ T-LGL	○ Monoclonal Gammopathy (MGUS)
○ B-ALL	○ CML	○ DLBCL	○ T-PLL	**OTHER:**
○ T-ALL	○ PV / PMF / ET	○ Follicular	○ MF/Sezary Syndrome	○ HODGKIN LYMPHOMA
○ UNCERTAIN	○ MDS / MPN	○ Mantle Cell	○ Other:	○ MASTOCYTOSIS
	○ CMML	○ Marginal Zone		○ NEUROBLASTOMA
	○ Other:	○ Other:		○ WILMS TUMOR
				○ Other:

○ **Post-Bone Marrow Transplant:** days post transplant_____ **Genetic Sex of Donor:** ○ Male ○ Female

DISEASE PHASE	TEST REQUESTED (MUST BE COMPLETED)
○ **New Diagnosis**: ○ **Relapse**	○ ***Comprehensive Hematopathology Cytogenetic Analysis as per Pathologist*** *(includes karyotype, FISH tests and/or panel, oncology microarray testing, diagnosis specific)* ○ **Culture and Hold** (*Relevant diagnostic testing will be ordered by the reviewing pathologist*) ○ **Chromosome Analysis (Karyotype) with Confirmatory FISH Testing*** ○ **PML/RARA FISH** (reflex to RARA breakapart if necessary; STAT for new diagnosis only) ○ **BCR/ABL1 t(9;22) FISH**
	○ **Integrated B-ALL Package:** B-ALL FISH panel**, Onco Array, Karyotype*
	○ **Integrated MDS Package:** Onco Array, Karyotype* ○ **Integrated AML Package:** Onco Array, Karyotype*, FISH** (CBFB; RUNX1T1/RUNX1; KMT2A) rearrangements
	○ **Integrated CLL Package:** Onco Array (CD19+ or whole PB/BM), Karyotype*, complementary FISH testing**
	○ **MM Package** (includes plasma cell separation)**:** Karyotype, FISH (IGH, IGH/MYC); MM Microarray, Includes Reflex FISH for IGH partners (CCND1, FGFR3, CCND3, MAF, MAFB)**
○ **Remission (Post Therapy)**	○ **Karyotype** ○ **Follow-up FISH (specify):** ○ **MM Follow-up CD138+ FISH**
	Unless specified, ONLY follow–up FISH testing for previously detected abnormal clone(s) will be performed on remission specimens once an initial FISH testing has been performed.
○ **Post- Transplant**	○ **XX/XY donor FISH test**
○ **Other Test**	○ **FISH as per Pathologist** ○ **(specify):**

****Confirmatory FISH testing for clinically relevant regions will be performed on samples with abnormal karyotypes according to the laboratory best practice and diagnostic guidelines. Laboratory reserves the rights to determine a suitable methodology for testing including unstimulated and/or stimulated short and long-term cultures, FISH and/or microarray assay preferences, and FISH probe selection.*
*****Visit our website for complete probe and panel listing as well as disease-specific testing approaches (*htpps://geneticslab.upmc.com*)*

Updated February, 2021