**MGC** Medical Genetic Consultants, Inc.
819 DeSoto Street
Ocean Springs, MS 39564
Ph. (228) 872-4000 Fax (228) 872-1893

# GENETIC TEST REQUISITION

www.1800dnagene.com
(800) DNA-GENE

September 2023

## Patient Information ___ Inpatient ___ Outpatient

| Last Name | First | Middle | DOB | Sex |
|---|---|---|---|---|
| | | | | |

| SSN | MR # | Telephone # | Alt. Telephone # |
|---|---|---|---|
| | | | |

| Street Address | City, State, Zip |
|---|---|
| | |

## Ordering Institution Information

| Facility | Ordering Physician | Treating Physician |
|---|---|---|
| | | |
| Facility Address | Facility Phone # | Physician Phone # |
| | | |
| City, State, Zip | Facility Fax # | Physician Fax # |
| | | |

## BILLING INFORMATION: Complete and pre-authorize if necessary, or referring facility will be billed.

PATIENT STATUS: ❑ Inpatient ❑ Outpatient ❑ Clinic

BILL: ❑ Hospital/Clinic ❑ Medicare Part B ❑ Medicaid ❑ Insurance

PLEASE ATTACH PATIENT INSURANCE INFORMATION (Face Sheet).

## SPECIMEN INFORMATION

___Bone Marrow (3cc sodium heparin for Flow, 3cc for Cytogenetics and/or FISH)
___Blood (3-5cc sodium heparin, 1cc newborn)
___Bone Core
___Tissue (Source:_____)
___POC/D&C etc.
___Body Fluid (Source:_____)

Collection Date:_____ Time:_____ By:_____

## DIAGNOSIS and ICD-10 CODE

## CONSTITUTIONAL TEST REQUESTED

FOR CANCER SEE ONCOLOGY / HEMATOLOGY

___CGH Microarray (5cc EDTA)
___Chromosome Analysis/Karyotype (1-5cc sodium heparin)
Is this STAT? _____ Is this a mosaicism study? _____
___Other _____

FISH (specify below): Is this STAT? _____ (1-5cc sodium heparin) can be performed on cytogenetic samples

___Trisomy 13, 18, 21, X, Y (Circle to specify)
___DiGeorge Syndrome/VCFS, 22q11
___Prader-Willi Syndrome, 15q11-13
___SRY Deletion
___Williams-Beuren Syndrome, 7g11.23
___Other _____

## ONCOLOGY / HEMATOLOGY

### CLINICAL DIAGNOSIS:

___ALL ___AML ___CML ___[1]*CLL/SLL ___MDS ___MM/MGUS
Lymphoma: ___Hodgkin ___Non-Hodgkin/NHL
Subtype: _____
___Anemia ___Immunodeficiency ___Pancytopenia ___Leukocytosis
___Thrombocytosis ___Thrombocytopenia ___Other _____

### HISTORY:

___New Diagnosis ___Post-Therapy ___wks.
___Relapse ___Remission
___Post-Transplant (___Opposite-sex ___Same-sex)

## TEST REQUESTED FOR ONCOLOGY / HEMATOLOGY

### FLOW CYTOMETRY:

___Leukemia/Lymphoma ___B and T Cell ___Plasma Cell
___Zap 70 ___PNH

### GENETIC STUDIES:

___CGH Microarray
___Chromosome Analysis (Karyotype)
[1]*___Use B-Cell Stimulation for a suspected B-Cell disorder

### MOLECULAR:

___BCR/ABL1 (p210, p190) ___If Negative Reflex To p230
___KIT (c-KIT) Mutation Analysis
___JAK2 V617F, ___Exon 12-13, ___CALR, ___MPL
Run All: ___Concurrently, ___Sequentially
___Other, Specify _____

### FISH PANELS: (See probe sets on back)

___ALL ___AML ___CML ___[1]*CLL ___MDS ___MPN
___MM/MGUS ___NHL ___HES

### INDIVIDUAL FISH PROBES: (Listed Alphabetically)

| | | |
|---|---|---|
| ___-1p36 Deletion | ___BCR/ABL1/ASS1, t(9;22) | ___IGH/MYC/CEP 8, t(8;14) |
| ___-1p32/+1q21 | ___CBFB, inv(16) | ___MLL, 11q23 |
| ___+4 | ___CCND1/IGH, t(11;14) | ___MALT1, 18q21 |
| ___-5/5q- | ___CDKN2A (P16), 9p21 | ___MYB, 6q23 |
| ___-7/7q- | ___ETO/AML1 (RUNX1T1/RUNX1) | ___MYC, 8q24 |
| ___+8/20q- | t(8;21) | ___P53, 17p13 |
| ___+10 | ___FIP1L1/CHIC2/PDGFRA, 4q12 | ___PBX1/E2A t(1;19) |
| ___+12/13q- | ___EVI1, inv(3) | ___PDGFRB, 5q33 |
| ___13q- | ___FGFR1, 8p12 | ___PML/RARA, t(15;17) |
| ___ALK, 2p23 | ___IGH, 14q32 | ___RARA, 17q21 |
| ___ATM/P53 | ___IGH/BCL2, t(14;18) | ___RB1, 13q14 |
| ___BCL1, (CCND1) | ___IGH/FGFR3, t(4;14) | ___TEL/AML1 (ETV6/ |
| ___BCL2, 18q21 | ___IGH/MAF, t(14;16) | RUNX1) t(12;21) |
| ___BCL6, 3q27 | | |

Other_____

| Authorized Signature: | Date: | For MGC use only: | Date: |
|---|---|---|---|
| | | | |

# Hematologic FISH Panels

## Acute Lymphoblastic Leukemia (ALL)

| Assay | Probed Regions |
|---|---|
| Adult | |
| PBX1/E2A t(1;19) | 1q23.3; 19p13.3 |
| Trisomy 4/Trisomy 10 | 4p11.1-q11.1, 10p11.1-q11.1 |
| MYB Deletion/Trisomy 6 | 6p11.1-q11.1, 6q23.3 |
| MYC Rearrangement | 8q24 |
| BCR/ABL1/ASS1 t(9;22) | 9q34.11-q34.12; 22q11.22-q11.23 |
| MLL Rearrangement | 11q23.3 |
| IGH Rearrangement | 14q32.33 |
| Pediatric | |
| PBX1/E2A t(1;19) | 1q23.3; 19p13.3 |
| Trisomy4/Trisomy10 | 4p11.1-q11.1, 10p11.1-q11.1 |
| MYC Rearrangement | 8q24 |
| BCR/ABL1/ASS1 t(9;22) | 9q34.11-q31.12; 22q11.22-q11.23 |
| MLL Rearrangement | 11q23.3 |
| TEL/AML1 (ETV6/RUNX1) t(12;21) | 12p13; 21q22 |
| IGH Rearrangement | 14q32.33 |

## Acute Myelocytic Leukemia (AML)

| Assay | Probed Regions |
|---|---|
| ETO/AML1(RUNX1TI/RUNX1) t(8;21) -M2 | 8q21; 21q22 |
| MLL Rearrangement - M4/M5 | 11q23.3 |
| PML/RARA t(15;17) - M3/APL | 15q24.1; 17q21.1-q21.2 |
| CBFB inv(16) t(16;16) - M5 | 16q22 |
| RARA Rearrangement (optional) | 17q21 |
| If normal, consider the following (additional cost) | |
| -5/5q Deletion (including EGR1) | 5p15.3, 5q31.2 |
| -7/7q Deletion | 7p11.1-q11.1, 7q22.1-q22.2, 7q31.2 |
| Trisomy 8/20q Deletion | 8p11.1-q11.1, 20q12, 20q13.12 |
| BCR/ABL1/ASS1 t(9;22) | 9q34.11-q34.12; 22q11.22-q11.23 |
| RB1 Deletion | 13q14.2, 13q34 |

## Chronic/Small Lymphocytic Leukemia (CLL/SLL)

| Assay | Probed Regions |
|---|---|
| MYB Deletion | 6p21.1, 6q21, 6q23.3 |
| ATM Deletion & p53 Deletion | 11q22.3, 17p13.1 |
| Trisomy 12 & 13q Deletion | 12p11.1q11.1, 13q14.3, 13q34 |
| IGH/CCND1 t(11;14) | 11q13.3; 14q32.33 |
| IGH Rearrangement | 14q32.33 |
| If IGH is abnormal, physician will be contacted before reflex to: (additional cost) | |
| IGH/BCL2 t(14;18) | 14q32; 18q21.33 |

## Chronic Myelocytic Leukemia (CML)

| Assay | Probed Regions |
|---|---|
| BCR/ABL1/ASS1 t(9;22) | 9q34.11-q34.12; 22q11.22-q11.23 |

## Hypereosinophilia Syndrome (HES)/Eosinophilia

| Assay | Probed Regions |
|---|---|
| FIP1L1/CHIC2/PDGFRA (del/Rearrangement) | 4q12 |
| PDGFRB Rearrangement | 5q32 |
| FGFR1 Rearrangement | 8p11.23-p11.22, 8p11.23-q11.22 |
| CBFB inv(16)/t(16;16) | 16q22 |

## Myeloproliferative Neoplasm (MPN)

| Assay | Probed Regions |
|---|---|
| -5/5q Deletion (including EGR1) | 5p15.3, 5q31.2 |
| -7/7q Deletion | 7p11.1-q11.1, 7q22.1-q22.2, 7q31.2 |
| Trisomy 8/20q Deletion | 8p11.1-q11.1, 20q12, 20q13.12 |
| Trisomy 9 | 9p21.3, 9q12 |
| BCR/ABL1/ASS1 t(9;22) | 9q34.11-q34.12; 22q11.22-q11.23 |
| RB1 Deletion | 13q14.2, 13q34 |
| 13q Deletion | 13q14.2-14.3, 13q34 |

## Myelodysplastic Syndrome (MDS)

| Assay | Probed Regions |
|---|---|
| -5/5q Deletion | 5p15.3, 5q31.2 |
| -7/7q Deletion | 7p11.1-q11.1, 7q22.1-q22.2, 7q31.2 |
| Trisomy 8/20q Deletion | 8p11.1-q11.1, 20q12, 20q13.12 |
| MLL Rearrangement | 11q23.3 |

## Multiple Myeloma (MM)/MGUS

| Assay | Probed Regions |
|---|---|
| 1p36 Deletion | 1p36.33, 1q44 |
| 1p Deletion/1q Amplification | 1p32.3, 1q21.3 |
| Trisomy 5 | 5p15.3, 5q31.2 |
| Trisomy 9 | 9p21.3, 9q12 |
| IGH/CCND1 t(11;14) & Trisomy 11 | 11q13.3; 14q32.33 |
| RB1 Deletion | 13q14.2, 13q34 |
| 13q Deletion | 13q14.2-14.3, 13q34 |
| IGH Rearrangement | 14q32.33 |
| P53 Deletion | 17p11.1-q11.1, 17p13.1 |
| If IGH is abnormal, physician will be contacted before reflex to: (additional cost) | |
| IGH/FGFR3 t(4;14) | 4p16; 14q32 |
| IGH/MAF t(14;16) | 14q32; 16q23 |
| IGH/MAFB t(14;20) | 14q32; 20q12 |

## Non-Hodgkin Lymphoma (NHL)

| Assay | Probed Regions |
|---|---|
| ALK Rearrangement (anaplastic large cell) | 2p23.2-p23.1 |
| BCL6 Rearrangement (diffuse large cell) | 3q27 |
| MYC Rearrangement | 8q24 |
| IGH/CCND1 t(11;14) (mantle cell) | 11q13.3; 14q32.33 |
| IGH Rearrangement | 14q32.33 |
| IGH/BCL2 t(14;18) (follicular) | 14q32; 18q21.33 |
| MALT1 Rearrangement | 18q21.32 |
| IGH/cMYC Rearrangent t(8/14) (Burkitt)(optional) | 8q24.21; 14q32 |
| BCL2 Rearrangement (optional) | 18q21.33 |