

**CYTOGENETICS TEST REQUEST FORM**

clinlabs.duke.edu

**Hematology/Oncology**

DUKE UNIVERSITY HEALTH SYSTEM • PHONE: 919 / 684-6426 • FAX: 919 / 681-7072

Please attach billing information for referrals to Duke

PATIENT INFORMATION

PATIENT SOC. SEC. \_\_\_\_\_ PATIENT D.O.B. \_\_\_\_\_

PATIENT LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PATIENT TELEPHONE #: \_\_\_\_\_

SEX: M  F  \_\_\_\_\_ DUKE HISTORY # \_\_\_\_\_

CLIENT INFORMATION

PHYSICIAN PAGER # \_\_\_\_\_ PHYSICIAN TELEPHONE # \_\_\_\_\_

REQUESTING PHYSICIAN (PLEASE PRINT) \_\_\_\_\_

NURSE CONTACT: \_\_\_\_\_ NAME \_\_\_\_\_ PAGER \_\_\_\_\_

SEND ADDITIONAL COPY OF REPORT TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPECIMEN COLLECTION

COLLECTION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

TIME: \_\_\_\_\_

**SPECIMEN TYPE :**

Bone Marrow \*

Peripheral Blood \*\*(leukemic/unstimulated)

Peripheral Blood \*\* (for constitutional studies)

Solid Tumor

Type: \_\_\_\_\_

Paraffin-embedded tissue

S \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ block \_\_\_\_\_

*For archival paraffin-embedded tissue, please provide the Surgical Pathology case number as well as the block number to be tested.*

*Please do not send slides. The block will be returned once testing is complete.*

Skin (fibroblasts)

Chromosome analysis

Fibroblast culture - TISSUE CULTURE ONLY (NO chromosome analysis)

Other testing to be performed: (DHIS and testing lab requisitions required)

Ship cultures to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Bone marrow should be drawn in a heparinized syringe and transferred to a "no-additives" tube.**

**\*\*Blood must be drawn in a green top sodium heparin tube.**

CYTOGENETICS TEST MENU

**Current Indication for Study: (REQUIRED)**

\_\_\_\_\_

If lymphoma, please indicate: B cell  T cell   
(Required for correct sample processing)

New diagnosis  On treatment Protocol \_\_\_\_\_

Post Bone Marrow transplant Donor: Male  Female

Previous history:\*\*\* \_\_\_\_\_

*(\*\*\*Include known cytogenetic abnormalities and please fax outside cytogenetic reports for patients new to DUMC)*

Chromosome Analysis

FISH Analysis:  STAT--\*Must call laboratory. After hours page director at (970-1847)

XY (Opposite sex BMT)  11q23 MLL

t(9;22) BCR/ABL  8q24 cMYC

t(15;17) PML/RARA  14q32 IGH

t(11;14) CCND1/IGH  12p13 ETV6 (TEL)

t(14;18) IGH/BCL2  3q27 BCL6

t(8;14) MYC/IGH  18q21 MALT1

t(8;21) AML/ETO  CEP8

t(12;21) ETV6(TEL)/AML  -5/del(5q) 5q31

inv(16) CFBF  -7/del(7q) 7q31

CLL Panel (TP53,ATM,CEP12,13q14,13q34)  del(20q) 20q12

Multiple myeloma Panel (TP53,ATM,CEP12,13q14,13q34, t(11;14))  22q12 EWSR1

Pediatric ALL Panel (t(9;22), t(12;21), MLL, CEP4,10,17)  Chromosome enumeration Specify chromosome \_\_\_\_\_

Other: \_\_\_\_\_ \*Please call laboratory