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**PATIENT INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Date of Birth: \_\_\_\_\_  
 Male  Female

**New Diagnosis**  **Existing Diagnosis**  
Has patient received a transplant:  Yes  No  
If yes, sex of donor:  Male  Female  Autologous

**Reason for Referral/Diagnosis:** \_\_\_\_\_

**Collection Date/Time:** \_\_\_\_\_

\* Please attach any Cytogenetics reports if previously tested elsewhere

**Lymphoma probes**  
 t(8;14) MYC/IGH (Burkitt or Follicular)  
 MYC break-apart  
 t(11;14) CCND1/IGH (Mantle Cell)  
 t(14;18) IGH/BCL2 (Follicular or Diffuse Large B-Cell)  
 BCL2 break-apart  
 2p rearrangements ALK (Anaplastic)  
 3q27 rearrangements BCL6 (Diffuse Large B-Cell, Follicular, Marginal Zone B-cell)  
 t(11;18) BIRC3/MALT1  
 MALT1 break-apart

**Transplant**  
 XX/XY for sex mismatched transplants  
 FISH for known disorders:

**T-cell Leukemia/Lymphoma**  
 14q11.2TRA  14q32 TCL1A  
 i(7q)  10q24 TLX1  
 7q34 TRB Rearrangements  5q35 TLX3

**Myelodysplastic (MDS) profile**  
 del(5q)  
 del(7q) / monosomy 7  
 trisomy 8  
 del(20q)  
**Additional probes**  
 11q rearrangements MLL  
 t(9;22) BCR/ABL1/ASS1

**Chronic Myelogenous (CML) profile**  
 t(9;22) BCR/ABL1/ASS1  
**Additional Probes**  
 trisomy 8  
 i(17q)

**Myeloproliferative Neoplasms/JAK2 V617F mutation**  
 If JAK2 negative, MPLW515 mutation

**Myeloproliferative Neoplasms profile/Eosinophilia**  
 4q12 FIP1L1/CHIC2/PDGFRB  
 5q33PDGFRB  
 8p11 FGFR1

**Molecular Testing**  
(submit in EDTA Purple-top tube)  
 BCR/ABL1 p210 t(9;22) Quantitative PCR  
 BCR/ABL1 p190 t(9;22) Quantitative PCR  
 JAK2 V617F Quantitative PCR

**PHYSICIAN INFORMATION**

PHYSICIAN: \_\_\_\_\_

REF PHYSICIAN PHONE: \_\_\_\_\_

**Bone Marrow Biopsy - Send in 10% Buffered Formalin Container**

Specimen Site: \_\_\_\_\_  
 Peripheral Blood - Send in Purple EDTA Tube  
 Bone Marrow Aspirate - Send in Green Sodium Heparin Tube  
 Bone Marrow Aspirate - Slides - Please label slides  
 Peripheral Blood Smear - Slide - Please label slide  
 CBC Report  
 History and Physical/Clinic Notes

**Test(s) Requested:**

**Chromosome/Karyotype**  
 **FISH (specify below)**  
 **Flow Cytometry - Send in Yellow ACD Tube**  
 **OTHER:** \_\_\_\_\_

**Chronic Lymphocytic (CLL) profile**

del(11q) ATM  del(13q) D13S319  
 trisomy 12  del(17p) TP53

**Additional Probes**

t(11;14) CCND1/IGH  
 del(6q) MYB

**Multiple Myeloma (MM) profile (FISHnet™)**

del(13q) D13S319  t(4;14) FGFR3/IGH  
 del(17p) TP53  t(14;16) IGH/MAF  
 t(11;14) CCND1/IGH  CD138 Enriched

**Additional Probes**

trisomy 5  t(6;14) CCND3/IGH  
 trisomy 7  t(14;20) IGH/MAFB  
 1q21 amplification CKS1B

**Acute Myelogenous (AML) probes**

t(15;17) PML/RARA  inv(16) CBFβ  
 t(9;22) BCR/ABL1/ASS1  inv(3) MECOM  
 t(8;21) RUNX1T1/RUNX1  RARA break-apart  
 11q rearrangements MLL

**Myeloproliferative (MPN) profile**

del(5q) EGR1  
 del(7q)/monosomy 7  
 trisomy 8  
 del(20q)  
 t(9;22) BCR/ABL1/ASS1

**Adult B-Cell ALL profile**

del(9p) CDKN2A  
 del(6q) MYB/SEC63  
 t(9;22) BCR/ABL1/ASS1  
 11q23 KMTA2 (MLL) rearrangement  
 t(1;19) TCF3/PBX1  
 14q32 IGH rearrangements

**Adult T-Cell ALL profile**

14q11.2 TRA rearrangements  
 7q34 TRB rearrangements  
 10q24 TLX1  
 5q35 TLX3  
 11q23 KMTA2 (MLL) rearrangements  
 del(9p) CDKN2A

T-Cell Clonality Assessment by PCR  
 B-Cell Clonality Assessment by PCR  
 IgVH Hypermutation Analysis

For PGL Courier, Call: 225-766-1090

Insurance Company Name: \_\_\_\_\_

\*\*\*PLEASE INCLUDE A COPY OF THE PATIENT'S FACE SHEET and INSURANCE CARD(S) FOR BILLING PURPOSES \*\*\*

