

# Tumor CytoGenomics Laboratory Requisition Form

Mount Sinai Clinical Labs  
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 New York, NY 10029

PLACE STICKER HERE

Tel: 212-241-8801  
 Fax: 212-426-2427

Laboratory Accession Number:		<b>C</b>		<b>PATIENT INFORMATION</b>	
Date/Time Specimen Collected:				Last Name:	
				Gender at Birth	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date/Time Requested:				First Name:	
				Current Gender	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date/Time Received:				DOB:	
				Address:	
MRN #				Insurance Co/ Group/Member ID#:	
IMPORTANT: STUDIES <b>CANNOT</b> BE COMPLETED WITHOUT ADEQUATE PATIENT IDENTIFICATION AND CLINICAL INFORMATION.					
<b>CLINICAL INFORMATION</b>				<input type="checkbox"/> INPATIENT <input type="checkbox"/> CLINIC/OPD <input type="checkbox"/> PRIVATE/OUT	
Diagnosis (please specify B or T cell):		ICD10 CODE:		<b>SPECIMEN TYPE:</b>	
				<input type="checkbox"/> Peripheral Blood <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Urine <input type="checkbox"/> Solid Tumor	
				<input type="checkbox"/> Lymph Node <input type="checkbox"/> Pleural Effusion/CSF <input type="checkbox"/> Other	
<b>Disease Status:</b>		<input type="checkbox"/> New Diagnosis <input type="checkbox"/> Relapse <input type="checkbox"/> Remission <input type="checkbox"/> Follow Up		WBC:	
<b>Post BMT/SCT:</b>		<input type="checkbox"/> Autologous <input type="checkbox"/> Allogeneic		Blast %:	
		<input type="checkbox"/> Male Donor <input type="checkbox"/> Female Donor			
<b>TEST REQUESTED (check all that apply)</b>					
<input type="checkbox"/> CHROMOSOME ANALYSIS/KARYOTYPE					
<input type="checkbox"/> FLUORESCENCE IN SITU HYBRIDIZATION (FISH) (detailed disease panel itemized on page 2)					
<input type="checkbox"/> Array CGH & SNP (Agilent)					
Hematological Malignancies			Solid Tumor Malignancies (FFPE)		
ALL (PEDS)	CLL	NHL (Burkitt)	Alveolar Rhabdosarcoma	Oligodendroglioma	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ALL (ADULT)	Chimerism (XY)	NHL (Follicular)	Breast Cancer	Synovial Sarcoma	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ph- Like ALL	MDS	NHL (MALT)	Bladder Cancer/ Cholangio CA	Myxoid Liposarcoma	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
T-Cell ALL	MPN- Ph(-)	NHL (Mantle)	Ewing Sarcoma and PNT	WD/DD Liposarcoma	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AML	Multiple Myeloma	NHL (Triple Hit Lymphoma)	Lung Cancer	Nodular Fasciitis/Aneurysmal Bone Cyst	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
t-AML	Multiple Myeloma	Individual Probe Request	Spitzoid Neoplasm		
<input type="checkbox"/>	<input type="checkbox"/> CD138+	<input type="checkbox"/>	<input type="checkbox"/>		
CML	NHL (DLBCL)	Specify:	Neuroblastoma		
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
REFERRING PHYSICIAN			Pager/Phone#/Fax#		

## PHYSICIAN'S INFORMATION

TEST	INDICATION	PROBES	TISSUE TYPE *
<b>FISH</b>	ALL (peds)	BCR-ABL1, ETV6-RUNX1, TCF3-PBX1, CEP9-CDKN2A, KMT2A (MLL), CEP4/CEP10/D17Z1	BM/PB
	ALL (adults)	BCR-ABL1, D7Z1-D7S522, CEP9-CDKN2A, KMT2A (MLL), IGH, MYC ba, D8Z2, TP53, D17Z1	BM/PB
	Ph- Like ALL	PDGFRB, JAK2, IGH, CEP9-CDKN2A, BCR-ABL1, D5S23- CSF1R	BM/PB
	T-Cell ALL	CEP9-CDKN2A, JAK2, BCR-ABL1, KMT2A (MLL), ETV6-RUNX1, RB1/MYB	BM/PB
	AML	BCR-ABL1, RUNX1T1-RUNX1, PML-RARA, CBFB, KMT2A (MLL), D17Z1, TP53, MYC ba, D8Z2	BM/PB
	tAML	D5S23-EGR1, D7Z1-D7S522, D21S341, KMT2A (MLL)	BM/PB
	CML	BCR-ABL1	BM/PB
	CLL	D12Z3, D13S319, LAMP1, IGH, ATM, TP53	BM/PB
	HES	FIPIL1, PDGFRB	BM/PB
	MDS	CEP1, D5S23-EGR1, D7Z1-D7S522, D8Z2, RB1, KMT2A (MLL), ETV6, D20S108, D21S341	BM/PB
	MDS/AML	RPN1-MECOM	BM/PB
	MPN (Ph-)	CDKN2C-CKS1B, D5S23- EGR1, D7Z1-D7S522, D8Z2, CEP9-CDKN2A, ATM, RB1, D20S108, D5S23- CSF1R	BM/PB
	Multiple Myeloma/ CD138+	D17Z1, TP53, CDKN2C-CKS1B, D13S319, LAMP1, IGH CCND1-IGH, FGFR3-IGH, IGH-MAF, IGH-MAFb, MYC ba, D8Z2	BM/PB
	NHL	IGH-BCL2, D8Z2-MYC-IGH, CCND1-IGH, BIRC3-MALT1, BCL6, ALK	BM/PB/FFPE
	NHL Aggressive (Triple Hit Lymphoma)	BCL6, MYC, D8Z2-MYC-IGH, IGH-BCL2	BM/PB/FFPE
	SCT (Chimerism)	XY	BM/PB
	Breast Cancer	PathVysion: CEP17- ERBB2 [HER2]	FFPE
	Bladder Cancer	UroVysion: CEP3, CEP7, CDKN2A, CEP17	URINE
	Cholangiocarcinoma	UroVysion: CEP3, CEP7, CDKN2A, CEP17	BILE BRUSHES/TOUCH PREP
	Lung Cancer	ALK, ROS1	FFPE
	Spitzoid Neoplasm	D6Z1, MYB, RREB1, CEP9, CDKN2A, CCND1	FFPE
	Nodular Fasciitis / Aneurysmal Bone Cyst	USP6	FFPE
	Alveolar Rhabdosarcoma	FOXO1	FFPE
Synovial Sarcoma	D18Z1 / SS18	FFPE	
WD/DD Liposarcoma	D12Z3 / MDM2	FFPE	
Myxoid Liposarcoma	DDIT3, FUS	FFPE	
Ewing Sarcoma/PTN	EWSR1	FFPE	
Neuroblastoma	D2Z1 / MYCN	FFPE	
Oligodendroglioma	1p36/1q25, 19q13/19p13	FFPE	
<b>Array CGH &amp; SNP</b>	Hematological Malignancies	Array CGH & SNP	BM/PB

\* BM – Bone Marrow / PB- Peripheral Blood / FFPE- Formalin Fixed Paraffin Embedded Tissue (All relevant tissues are accepted)

<b>INSTRUCTIONS FOR COLLECTION OF SPECIMENS FOR TUMOR CYTOGENOMICS LABORATORY</b>		
<b><i>Specimen Type</i></b> ◇	<b><i>Amount</i></b>	<b><i>Collection Requirements</i></b>
Peripheral Blood	10-20cc	Draw Blood into green top tube containing Sodium Heparin, free of preservative.
Bone Marrow	2-4cc	Aspirate Marrow in a syringe containing Heparin (free of preservative) and immediately place marrow into a vial containing media.*
Spleen	2-3cm <sup>3</sup> piece minimum	Transfer sterilely into Phosphate-Buffered-Saline (PBS) free of Calcium and Magnesium.ϕ
Lymph Node	1-2cm <sup>3</sup> piece minimum	Transfer sterilely into RPMI Medium.ϕ
Solid Tumor	2-3cm <sup>3</sup> piece minimum	Transfer sterilely into Hank's Balance Salt Solution or RPMI Medium.ϕ
FFPE (Formalin Fixed Paraffin Embedded Tissue)	1 H&E stained slide with 2-8 FFPE	All FFPE tissue slides should be cut at 3-4 microns thickness on positively charged slides. The area of interest should be clearly marked on the H&E slide by the referring pathologist. All cases must be accompanied by an H&E stained slide. Decalcification solutions with strong acids should not be used.  Specimens subject to ERBB2 [HER2]-CEP17 testing should be fixed in 10% neutral buffered formalin for at least six hours and up to 72 hours. The volume of formalin should be at least 10 times the volume of the specimen.
Voided Urine	50ml	Voided urine must be collected in urine collection kit (Thin Prep) with PreservCyt solution and shipped to the lab within 24 hours.
Bile Brushing	brush in 2-5ml of sterile saline w/ touchprep slides	Bile brush is provided in a sterile vial containing sterile saline and two bile brush touch prep on positively charged slides.
<p>◇ PLEASE DO NOT REFRIDGERATE SPECIMEN</p> <p>ϕ Provided by the lab</p> <p>*Container with Medium for bone marrow collection provided by the lab</p> <p>ALL SPECIMENS SHOULD BE DELIVERED IMMEDIATELY TO THE LABORATORY, MON-FRI 7AM - 8PM. FOR ADDITIONAL INFORMATION CONSULT TUMOR CYTOGENOMICS LAB, 212-241-8801. ALL SPECIMENS SHOULD BE HANDLED UNDER STERILE CONDITIONS. BONE MARROW: A MINIMUM OF 1X10<sup>7</sup> LEUKOCYTE CELLS IS REQUIRED FOR ANALYSIS. PERIPHERAL BLOOD: FOR NEOPLASTIC HEMATOLOGICAL DISORDER, A MINIMUM OF 1X10<sup>7</sup> CELLS ARE REQUIRED FOR ANALYSIS.</p>		