THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

UAB Department of Genetics
Cytogenetics Laboratory
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11/28/22

Medical Record #

PATIENT HISTORY AND REQUEST FORM FOR CANCER CYTOGENETIC ANALYSIS

Patient Name: _____ Date of Birth: _____

Address: _____ Race: _____

_____ Sex: _____

Phone: _____

Requesting Physician: _____ Phone: _____

Billing Information: _____ Phone: _____

(Please attach additional documents as needed)

Reason for studies: _____

Sample: ____ Bone marrow aspirate Collected Date: _____

____ Peripheral blood Time: _____

____ Bone marrow core biopsy

Studies requested

Please check (√) those that apply

Chromosome studies: _____ **aCGH+SNP study:** _____

FISH studies (Please select from the list below)

____ t(1q25.2)-*ABL2* rearrangement
____ t(1;19)-*TCF3*::*PBX1* fusion
____ inv/t(3q26.2)-*MECOM* rearrangement
____ t(4;14)-*IGH*::*FGFR3* fusion
____ t(5q32)-*PDGFRB* rearrangement
____ t(6;9)-*DEK*::*NUP214* fusion
____ t(8p11.2)-*FGFR1* rearrangement
____ t(8q24)-*MYC* rearrangement
____ t(8;14)-*IGH*::*MYC* fusion
____ t(8;21)-RUNX1::RUNX1T1 fusion
____ t(9;22)-*BCR*::*ABL1* fusion
____ t(9p24.1)-*JAK2* rearrangement
____ t(9q34.1)-*ABL1* rearrangement
____ t(11q23)-*KMT2A [MLL]* rearrangement
____ t(11p15.4)-NUP98 rearrangement
____ t(11;14)-*IGH*::*CCND1* fusion
____ t(12p13)-*ETV6* rearrangement
____ t(12;21)-*ETV6*::*RUNX1* fusion
____ t(14q11.2)-*TCRA/D* rearrangement
____ t(14q32.3)-*IGH* rearrangement
____ t(14;16)-*IGH*::*MAF* fusion
____ t(14;18)-*IGH*::*BCL2* fusion
____ t(15;17)-*PML*::*RARA* fusion
____ inv(16)-*CBFB*::*MYH11* rearrangement
____ t(22q12)-*EWSR1* rearrangement
____ t(Xp22.33/Yp11.32)-*CRLF2* rearrangement
____ t(X/Y;14)-*IGH*::*CRLF2* fusion
____ del(Xp22.3/Yp11.3)-*P2RY8*::*CRLF2* fusion
____ 1q21.3 gain-*CKS1B*
____ del(4q12)-*FIP1L1*::*PDGFRA* fusion
____ del(5q31)-*EGR1*
____ del(7q),-7 -CEP 7,D7S486
____ del(9p21)-*CDKN2A* [*p16*]
____ del(11q22.3)-*ATM*
____ del(13q14.2) [MM] -*RB1*
____ del(13q14.3) [CLL] -D13S319
____ del(17p13.1)-*TP53*
____ del(20q12)-D20S108
____ X/Y for BMT
____ Trisomy 8
____ Trisomy 4/10/17
____ Trisomy for chromosome _____

____ AML Panel: *EGR1*, D7S486, *AML1*/*ETO*, *MLL*, *CBFB*
____ MDS Panel: *EGR1*, D7S486, CEP 8, *TP53*, D20S108
____ MM Panel: *CKS1B*, *ATM, RB1*/D13S25, *IGH*, *TP53*
____ IGH Panel: *IGH*/*FGFR3*, *IGH*/*CCND1*, *IGH*/*MAF*
____ B-ALL Panel: *BCR*/*ABL1*, *MLL*, *ETV6*/*RUNX1*, 4,10,17
____ Ph-like B-ALL Follow-up Panel: *ABL1*, *ABL2*, *CRLF2*, *JAK2*, *PDGFRB*
____ CLL Panel: *ATM*, CEP 12, D13S319,13q34, *TP53*
____ Second Tier AML Panel: *MECOM*, *DEK::NUP214*, *NUP98*
____ Eosinophilia Panel: LSI 4q12, *PDGFRB*, *FGFR1*, *JAK2*, *ETV6*]

Bone marrow specimens should be sent in bone marrow transport medium. Please call 934-9555 to request a supply of this medium.

Blood specimens (5-10cc) should be shipped in a Sodium heparinized vacutainer. Specimens collected in lithium heparin or EDTA cannot be used for chromosome analysis. Specimens should be transported as soon as possible at room temperature.