THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

UAB Department of Genetics
Cytogenetics Laboratory
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7/21/20

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(11p15.4)-*NUP98* rearrangement	____ 1q21.3 gain-*CKS1B*
____ t(1;19)-*TCF3*/*PBX1* fusion	____ t(11;14)-*IGH*/*CCND1* fusion	____ del(4q12)-*FIP1L1*/*PDGFRA* fusion
____ inv/t(3q26.2)-*MECOM* rearrangement	____ t(12p13)-*ETV6* rearrangement	____ del(5q31)-*EGR1*
____ t(4;14)-*IGH*/*FGFR3* fusion	____ t(12;21)-*ETV6*/*RUNX1* fusion	____ del(7q),-7 -*ELN*,D7S486
____ t(5q32)-*PDGFRB* rearrangement	____ t(14q11.2)-*TCRA/D* rearrangement	____ del(9p21)-*CDKN2A* [*p16*]
____ t(6;9)-*DEK*/*NUP214* fusion	____ t(14q32.3)-*IGH* rearrangement	____ del(11q22.3)-*ATM*
____ t(8p11.2)-*FGFR1* rearrangement	____ t(14;16)-*IGH*/*MAF* fusion	____ del(13q14.2) [MM] -*RB1*
____ t(8q24)-*MYC* rearrangement	____ t(14;18)-*IGH*/*BCL2* fusion	____ del(13q14.3) [CLL] -D13S319
____ t(8;14)-*IGH*/*MYC* fusion	____ t(15;17)-*PML*/*RARA* fusion	____ del(17p13.1)-*TP53*
____ t(8;21)-*AML1*/*ETO* fusion	____ inv(16)-*CBFB* rearrangement	____ del(20q12)-D20S108
____ t(9;22)-*BCR*/*ABL1* fusion	____ t(22q12)-*EWSR1* rearrangement	____ X/Y for BMT
____ t(9p24.1)-*JAK2* rearrangement	____ t(Xp22.33/Yp11.32)-*CRLF2* rearrangement	____ Trisomy 8
____ t(9q34.1)-*ABL1* rearrangement	____ t(X/Y;14)-*IGH*/*CRLF2* fusion	____ Trisomy 4/10/17
____ t(11q23)-*MLL* [*KMT2A*] rearrangement	____ del(Xp22.3/Yp11.3)-*P2RY8/CRLF2* fusion	____ Trisomy for chromosome _____

____ AML Panel: *EGR1*, D7S486, *AML1*/*ETO*, *MLL*, *CBFB*	____ B-ALL Panel: *BCR*/*ABL1*, *MLL*, *ETV6*/*RUNX1*, 4,10,17
____ MDS Panel: *EGR1*, D7S486, CEP 8, *TP53*, D20S108	____ Ph-like B-ALL Follow-up Panel: *ABL1*, *ABL2*, *CRLF2*, *JAK2*, *PDGFRB*
____ MM Panel: *CKS1B*, *ATM, RB1*/D13S25, *IGH*, *TP53*	____ COG High Risk B-ALL Panel: *ABL1*, *ABL2, PDGFRB*
____ IGH Panel: *IGH*/*FGFR3*, *IGH*/*CCND1*, *IGH*/*MAF*	____ CLL Panel: *ATM*, CEP 12, D13S319,13q34, *TP53*

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.