

# Cytogenomics Laboratories Test Request

Patient Name (last, first):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Client Name:
Address:	Medical Record #:	Address:
City/State/Zip:		City/State/Zip:
Home Phone:		Phone: <span style="float:right">Fax:</span>
Date of Birth (MM/DD/YY):		Referring Physician:
Clinical Indications / Family History (attach pedigree, if appropriate):		DIAGNOSTIC CODE(S) (Required):

<p><b>MICROARRAY ANALYSIS</b> (Oligo-SNP) (CMA and CMAO)</p> <p><input type="checkbox"/> Microarray <b>Constitutional</b> <i>BLOOD: 4cc sodium heparin (green top) + 4cc EDTA (lavender top)</i></p> <p><input type="checkbox"/> Microarray <b>Oncology</b> <i>BONE MARROW / PERIPHERAL BLOOD: 3cc sodium heparin (green top)</i> <i>TUMOR: 2mm<sup>2</sup> in sterile media (RPMI or sterile saline solution)</i></p> <p><b>CONSTITUTIONAL CYTOGENETICS (CS)</b> KARYOTYPE / CHROMOSOME ANALYSIS <i>BLOOD: 3cc sodium heparin (green top) or TISSUE: 3x3 mm<sup>2</sup> in Sterile Media</i></p> <p><input type="checkbox"/> Routine Chromosomes <input type="checkbox"/> Neonatal Chromosomes <input type="checkbox"/> STAT <input type="checkbox"/> Mosaic Chromosome Study <input type="checkbox"/> Skin <input type="checkbox"/> Autopsy <input type="checkbox"/> Other <i>3x3 mm<sup>2</sup> in Sterile Media</i></p> <p><input type="checkbox"/> Chromosomes <input type="checkbox"/> Cryopreservation <input type="checkbox"/> Send out testing for: _____</p> <p><b>FISH - CONSTITUTIONAL (CS)</b> FISH ANALYSIS <i>BLOOD: 3cc sodium heparin (green top)</i></p> <p><input type="checkbox"/> 1p36 deletion Syndrome <input type="checkbox"/> Ambiguous genitalia Sex XX / XY <input type="checkbox"/> Angelman Syndrome 15q <input type="checkbox"/> Cri du Chat Syndrome 5p <input type="checkbox"/> DiGeorge/VCF Syndrome 22q <input type="checkbox"/> Kallmann Syndrome Xp <input type="checkbox"/> Miller-Dieker Syndrome 17p <input type="checkbox"/> Neurofibromatosis (NF1) 17q <input type="checkbox"/> Prader-Willi Syndrome <input type="checkbox"/> Smith-Magenis Syndrome 17p <input type="checkbox"/> Sotos Syndrome 5q <input type="checkbox"/> SRY Yp Male determination <input type="checkbox"/> Steroid Sulfatase (STS) deficiency Xp <input type="checkbox"/> Trisomy 13 <input type="checkbox"/> Trisomy 18 <input type="checkbox"/> Trisomy 21 <input type="checkbox"/> Williams Syndrome 7q <input type="checkbox"/> Wolf-Hirschhorn Syndrome 4p <input type="checkbox"/> FISH Not otherwise specified: _____</p>	<p><b>ONCOLOGY CYTOGENETICS (CSO)</b> KARYOTYPE / CHROMOSOME ANALYSIS <i>BONE MARROW/BLOOD: 3cc sodium heparin (green top)</i></p> <p><input type="checkbox"/> Bone Marrow Chromosomes <input type="checkbox"/> Leukemic Blood Chromosomes <input type="checkbox"/> Solid Tumor <b>3x3 mm<sup>2</sup> in Sterile Media</b> <input type="checkbox"/> Lymphoma <b>3x3 mm<sup>2</sup> in Sterile Media</b></p> <p><b>FISH - ONCOLOGY (CSO)</b> FISH ANALYSIS <i>BONE MARROW / PERIPHERAL BLOOD: 3cc sodium heparin (green top)</i> <i>TUMOR touch prep slides: prepare 2 to 3 slides by gently touching tumor surface (to cover ~15mmx15mm area) to middle of slide; immediately transfer slide to 3:1 methanol: acetic acid (Carnoy's fix) for 5 mins., Air dry</i></p> <p><b>ONCOLOGY FISH PANELS</b></p> <p><input type="checkbox"/> ALL FISH Panel (please specify): <input type="checkbox"/> B-CELL <input type="checkbox"/> High Risk B-CELL <input type="checkbox"/> T-CELL</p> <p><input type="checkbox"/> AML FISH Panel <input type="checkbox"/> AML FISH Panel + PML/RARA <input type="checkbox"/> B-CELL Lymphoma FISH Panel <input type="checkbox"/> BRAIN/CNS Tumor Panel <input type="checkbox"/> EOSINOPHILIA FISH Panel <input type="checkbox"/> MDS FISH Panel <input type="checkbox"/> MEDULLOBLASTOMA Panel <input type="checkbox"/> NEUROBLASTOMA Panel <input type="checkbox"/> PH-Like ALL FISH Panel <input type="checkbox"/> SARCOMA – 3 probe Panel <input type="checkbox"/> TUMOR (NOS) – Custom Panel - 5 probes</p> <p><b>INDIVIDUAL PROBES</b> Please inquire <input type="checkbox"/> FISH Not otherwise specified: _____</p>	<p><b>BONE MARROW TRANSPLANTATION MONITORING</b> <i>FISH: BONE MARROW / PERIPHERAL BLOOD: 3cc sodium heparin (green top)</i></p> <p><input type="checkbox"/> Post BMT XX/XY by FISH</p> <p><b>STR ANALYSIS</b> <i>BONE MARROW / PERIPHERAL BLOOD: 0.5cc EDTA (lavender)</i></p> <p>BMD <input type="checkbox"/> Donor Specimen STRPRE <input type="checkbox"/> Pre Transplant Recipient STRPOST <input type="checkbox"/> Post-Transplant Recipient</p> <p><b>LINEAGE SPECIFIC STR ANALYSIS</b> <i>BLOOD: 8.5 cc ACD (yellow top)</i> <i>BONE MARROW: 4cc ACD (yellow top)</i></p> <p>STRPOST1 <input type="checkbox"/> Post-Transplant, Lineage-Specific (<b>check all that apply</b>) <input type="checkbox"/> Whole <input type="checkbox"/> T-cell <input type="checkbox"/> B-cell <input type="checkbox"/> Myeloid <input type="checkbox"/> NK</p>
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SPECIMEN COLLECTION DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ DRAWN BY: \_\_\_\_\_

FORM COMPLETED BY: \_\_\_\_\_ PATIENT ID: \_\_\_\_\_

CLIA ID: 10D0700790, CAP: 153609-01

**UNLESS OTHERWISE SPECIFIED - SHIP AT ROOM TEMP TO:**  
**Johns Hopkins All Children's Hospital**  
**601 Fifth Street South**  
**St. Petersburg, FL 33701**  
**ATTN: Pathology and Laboratory Medicine, Cytogenetics Dept. 6500001504**

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WHITE: LAB      YELLOW: ORIGINATOR