MOLECULAR ONCOLOGY REQUISITION HAMILTON HEALTH SCIENCES Hamilton Regional Laboratory Medicine Program Regional Cytogenetics Laboratory, Room 3H45 McMaster University Medical Centre		Patient Information		
		*Name (print)		
		Surname, First Name Address		
		*Sex M [] F [] *Health Card No.:		
		1200 Main St. W., Hamilton Ontario L8N 3Z5		*Health
Office: 3N14 (905) 521-2100 Ext. 73713 Lab Ext. 7370 Fax: (905) 521-5032	07	*Mandato	rv Information: (Specir	nen cannot be processed without this data)
	ddition	al Copies		DATE SAMPLE TAKEN:
				(DD/MM/YY):
		urname, First Name		Time:
				Ward/Hospital where sample taken:
*Phone: *Phone: Physician Signature:				
Please use a CYTOGENETICS ONCOLOGY REQUISITION for all Cytog		ed tests. The	ere is a separate requis	ition for familial cancers (breast, colon, etc.)
Specimen Submitted:			Priority:	Diagnostic Status:
Bone Marrow (1-5 mL fresh aspirate in EDTA)			Routine	Diagnostic
Peripheral Blood (5 mL in EDTA) (8-12mL for QPC	CR in EDT	A)		Response to therapy
FFPE Tissue Curls Block #			Urgent	Query Progression
FFPE Slides (Unstained sections) Block #	_			General Follow up
Testing Requested: Please see the HRLMP Laboratory http://www.ltig.hrlmp.ca/ *SAMPLES FOR F				
MYELOID				IPHOID
Acute Myeloid Leukemia (AML):			Lymphoid Leuk	-
Acute Myeloid Leukemia (AML):		🖵 FUI	Lymphoid Leuk	-
Acute Myeloid Leukemia (AML): FULL PANEL* OR		G FUI	Lymphoid Leuk LL PANEL* OR	-
Acute Myeloid Leukemia (AML): FULL PANEL* OR AML1/ETO – t(8;21)*			Lymphoid Leuk	emia (ALL):
Acute Myeloid Leukemia (AML): FULL PANEL* OR AML1/ETO - t(8;21)* CBFB - inv(16)* PML/RARA - t(15;17)*			Lymphoid Leuk LL PANEL* OR R/ABL – t(9;22)*	emia (ALL):
Acute Myeloid Leukemia (AML): □ FULL PANEL* OR □ AML1/ETO - t(8;21)* □ CBFB - inv(16)* □ PML/RARA - t(15;17)* □ BCR/ABL - t(9;22)*		FUI BCI TEL E24 *RNA	Lymphoid Leuk LL PANEL* OR R/ABL – t(9;22)* ./AML1 – t(12;21)* A/PBX1 – t(1;19)* based test -Must	emia (ALL): * be received within 48hrs of collection
Acute Myeloid Leukemia (AML): □ FULL PANEL* OR □ AML1/ETO - t(8;21)* □ CBFB - inv(16)* □ PML/RARA - t(15;17)* □ BCR/ABL - t(9;22)* □ FLT3/NPM1		FUI FUI BCI TEL E24 *RNA Lympl	Lymphoid Leuk LL PANEL* OR R/ABL – t(9;22)* ./AML1 – t(12;21)* A/PBX1 – t(1;19)* based test -Must h hoproliferative N	emia (ALL): * be received within 48hrs of collection Neoplasm
Acute Myeloid Leukemia (AML): FULL PANEL* OR AML1/ETO - t(8;21)* CBFB - inv(16)* PML/RARA - t(15;17)* BCR/ABL - t(9;22)* FLT3/NPM1 Chronic Myeloid Leukemia (CML):		FUI FUI BCI TEL E2/ *RNA Lympl B-ci	Lymphoid Leuk LL PANEL* OR R/ABL – t(9;22)* ./AML1 – t(12;21)* A/PBX1 – t(1;19)* based test -Must I hoproliferative N cell rearrangement	emia (ALL): * <u>be received within 48hrs of collection</u> Neoplasm t
Acute Myeloid Leukemia (AML): □ FULL PANEL* OR □ AML1/ETO - t(8;21)* □ CBFB - inv(16)* □ PML/RARA - t(15;17)* □ BCR/ABL - t(9;22)* □ FLT3/NPM1	TA)	FUI FUI G FUI C FUI C FUI C FUI F	Lymphoid Leuk LL PANEL* OR R/ABL – t(9;22)* ./AML1 – t(12;21)* based test -Must hoproliferative N cell rearrangement	emia (ALL): * <u>be received within 48hrs of collection</u> Neoplasm
Acute Myeloid Leukemia (AML): FULL PANEL* OR AML1/ETO – t(8;21)* CBFB – inv(16)* PML/RARA – t(15;17)* BCR/ABL – t(9;22)* FLT3/NPM1 Chronic Myeloid Leukemia (CML): Diagnostic (PCR)*	•	FUI FUI G FUI C FUI C FUI C FUI F	Lymphoid Leuk LL PANEL* OR R/ABL – t(9;22)* ./AML1 – t(12;21)* A/PBX1 – t(1;19)* based test -Must hoproliferative N cell rearrangement ell rearrangement	emia (ALL): * be received within 48hrs of collection Neoplasm t t S (Bone Marrow Transplant)
Acute Myeloid Leukemia (AML): FULL PANEL* OR AML1/ETO – t(8;21)* CBFB – inv(16)* PML/RARA – t(15;17)* BCR/ABL – t(9;22)* FLT3/NPM1 Chronic Myeloid Leukemia (CML): Diagnostic (PCR)* Follow Up (Quantitative or QPCR)*(3x4mL PB in ED)	•	FUI FUI G FUI G FUI FUI	Lymphoid Leuk LL PANEL* OR R/ABL – t(9;22)* ./AML1 – t(12;21)* based test -Must hoproliferative N cell rearrangement ell rearrangement ERISM STUDIE <u>*Perip</u>	emia (ALL): * <u>be received within 48hrs of collection</u> Neoplasm
Acute Myeloid Leukemia (AML): FULL PANEL* OR AML1/ETO – t(8;21)* CBFB – inv(16)* PML/RARA – t(15;17)* BCR/ABL – t(9;22)* FLT3/NPM1 Chronic Myeloid Leukemia (CML): Diagnostic (PCR)* Follow Up (Quantitative or QPCR)*(3x4mL PB in ED *RNA based test -Must be received within 48hrs of collect Myeloproliferative Neoplasm JAK2 (V617F Mutation)	ction	FUI	Lymphoid Leuk LL PANEL* OR R/ABL – t(9;22)* /AML1 – t(12;21)* based test -Must hoproliferative N cell rearrangement tell rearrangement ERISM STUDIE <u>*Perip</u> Pre BMT samples	emia (ALL): * be received within 48hrs of collection Neoplasm t S (Bone Marrow Transplant) heral Blood Only must be tested before performing Post BMT testing.
Acute Myeloid Leukemia (AML): FULL PANEL* OR AML1/ETO – t(8;21)* CBFB – inv(16)* PML/RARA – t(15;17)* BCR/ABL – t(9;22)* FLT3/NPM1 Chronic Myeloid Leukemia (CML): Diagnostic (PCR)* Follow Up (Quantitative or QPCR)*(3x4mL PB in ED *RNA based test -Must be received within 48hrs of collect Myeloproliferative Neoplasm JAK2 (V617F Mutation) JAK2 (Exon 12 Mutations)(1mL Bone marrow required)	ction	FUI	Lymphoid Leuk LL PANEL* OR R/ABL – t(9;22)* /AML1 – t(12;21)* based test -Must I hoproliferative N cell rearrangement ell rearrangement ERISM STUDIE <u>*Peripi</u> Pre BMT samples I Pre BMT (4mL I	emia (ALL): * be received within 48hrs of collection Neoplasm t S (Bone Marrow Transplant) heral Blood Only must be tested before performing Post BMT testing. PB from Donor and Recipient)
Acute Myeloid Leukemia (AML): FULL PANEL* OR AML1/ETO – t(8;21)* CBFB – inv(16)* PML/RARA – t(15;17)* BCR/ABL – t(9;22)* FLT3/NPM1 Chronic Myeloid Leukemia (CML): Diagnostic (PCR)* Follow Up (Quantitative or QPCR)*(3x4mL PB in ED *RNA based test -Must be received within 48hrs of collect Myeloproliferative Neoplasm JAK2 (V617F Mutation)	ction	Lympl	Lymphoid Leuk LL PANEL* OR R/ABL – t(9;22)* ./AML1 – t(12;21)* based test -Must based test -Must	emia (ALL): * * be received within 48hrs of collection Neoplasm t S (Bone Marrow Transplant) heral Blood Only must be tested before performing Post BMT testing. PB from Donor and Recipient)
Acute Myeloid Leukemia (AML): FULL PANEL* OR AML1/ETO – t(8;21)* CBFB – inv(16)* PML/RARA – t(15;17)* BCR/ABL – t(9;22)* FLT3/NPM1 Chronic Myeloid Leukemia (CML): Diagnostic (PCR)* Follow Up (Quantitative or QPCR)*(3x4mL PB in ED *RNA based test -Must be received within 48hrs of collect Myeloproliferative Neoplasm JAK2 (V617F Mutation) JAK2 (Exon 12 Mutations)(1mL Bone marrow required)	ction	Lympi	Lymphoid Leuk LL PANEL* OR R/ABL – t(9;22)* ./AML1 – t(12;21)* based test -Must I hoproliferative N cell rearrangement IERISM STUDIE <u>*Peripi</u> Pre BMT samples Pre BMT (4mL I Donor Day 0 =	emia (ALL): * * be received within 48hrs of collection Neoplasm t t S (Bone Marrow Transplant) heral Blood Only must be tested before performing Post BMT testing. PB from Donor and Recipient)
Acute Myeloid Leukemia (AML): FULL PANEL* OR AML1/ETO – t(8;21)* CBFB – inv(16)* PML/RARA – t(15;17)* BCR/ABL – t(9;22)* FLT3/NPM1 Chronic Myeloid Leukemia (CML): Diagnostic (PCR)* Follow Up (Quantitative or QPCR)*(3x4mL PB in ED' *RNA based test -Must be received within 48hrs of collect Myeloproliferative Neoplasm JAK2 (V617F Mutation) JAK2 (Exon 12 Mutations)(1mL Bone marrow requint MPL 515 – Thrombopoietin receptor mutations	ction	FUI FUI BCI TEL E2/ *RNA Lympl B-c T-c CHIM C C	Lymphoid Leuk LL PANEL* OR R/ABL – t(9;22)* /AML1 – t(12;21)* based test -Must hoproliferative N cell rearrangement iell rearrangement ERISM STUDIE Pre BMT samples Pre BMT (4mL I Donor Day 0 =	emia (ALL): * * be received within 48hrs of collection Neoplasm t S (Bone Marrow Transplant) heral Blood Only must be tested before performing Post BMT testing. PB from Donor and Recipient)
Acute Myeloid Leukemia (AML): FULL PANEL* OR AML1/ETO – t(8;21)* CBFB – inv(16)* PML/RARA – t(15;17)* BCR/ABL – t(9;22)* FLT3/NPM1 Chronic Myeloid Leukemia (CML): Diagnostic (PCR)* Follow Up (Quantitative or QPCR)*(3x4mL PB in ED *RNA based test -Must be received within 48hrs of collect Myeloproliferative Neoplasm JAK2 (V617F Mutation) JAK2 (Exon 12 Mutations)(1mL Bone marrow requined MPL 515 – Thrombopoietin receptor mutations Other 1P19q LOH for Glioma EGFR	ction	FUI FUI BCI TEL E2/ *RNA Lympl B-c T-c CHIM	Lymphoid Leuk LL PANEL* OR R/ABL – t(9;22)* /AML1 – t(12;21)* based test -Must hoproliferative N cell rearrangement iell rearrangement ERISM STUDIE Pre BMT samples Pre BMT (4mL I Donor Day 0 =	emia (ALL): * * be received within 48hrs of collection Neoplasm t t S (Bone Marrow Transplant) heral Blood Only must be tested before performing Post BMT testing. PB from Donor and Recipient)
Acute Myeloid Leukemia (AML): FULL PANEL* OR AML1/ETO – t(8;21)* CBFB – inv(16)* PML/RARA – t(15;17)* BCR/ABL – t(9;22)* FLT3/NPM1 Chronic Myeloid Leukemia (CML): Diagnostic (PCR)* Follow Up (Quantitative or QPCR)*(3x4mL PB in ED' *RNA based test -Must be received within 48hrs of collect Myeloproliferative Neoplasm JAK2 (V617F Mutation) JAK2 (Exon 12 Mutations)(1mL Bone marrow requints MPL 515 – Thrombopoietin receptor mutations Other 1P19q LOH for Glioma EGFR Extended RAS (KRAS, NRAS)	ction	FUI FUI BCI TEL E2/ *RNA Lympl B-c T-c CHIM	Lymphoid Leuk LL PANEL* OR R/ABL – t(9;22)* /AML1 – t(12;21)* based test -Must I hoproliferative N cell rearrangement cell rearrangement ERISM STUDIE <u>*Peripi</u> Pre BMT samples D Pre BMT (4mL I D Donor Day 0 =	emia (ALL): * * be received within 48hrs of collection Neoplasm t t S (Bone Marrow Transplant) heral Blood Only must be tested before performing Post BMT testing. PB from Donor and Recipient)
Acute Myeloid Leukemia (AML): FULL PANEL* OR AML1/ETO – t(8;21)* CBFB – inv(16)* PML/RARA – t(15;17)* BCR/ABL – t(9;22)* FLT3/NPM1 Chronic Myeloid Leukemia (CML): Diagnostic (PCR)* Follow Up (Quantitative or QPCR)*(3x4mL PB in ED *RNA based test -Must be received within 48hrs of collect Myeloproliferative Neoplasm JAK2 (V617F Mutation) JAK2 (Exon 12 Mutations)(1mL Bone marrow requint MPL 515 – Thrombopoietin receptor mutations Other 1P19q LOH for Glioma EGFR Extended RAS (KRAS, NRAS) BRAF	ction	FUI FUI BCI TEL E2/ *RNA Lympl B-c T-c CHIM	Lymphoid Leuk LL PANEL* OR R/ABL – t(9;22)* /AML1 – t(12;21)* based test -Must I hoproliferative N cell rearrangement cell rearrangement ERISM STUDIE <u>*Peripi</u> Pre BMT samples D Pre BMT (4mL I D Donor Day 0 =	emia (ALL): * * be received within 48hrs of collection Neoplasm t t S (Bone Marrow Transplant) heral Blood Only must be tested before performing Post BMT testing. PB from Donor and Recipient)
Acute Myeloid Leukemia (AML): FULL PANEL* OR AML1/ETO – t(8;21)* CBFB – inv(16)* PML/RARA – t(15;17)* BCR/ABL – t(9;22)* FLT3/NPM1 Chronic Myeloid Leukemia (CML): Diagnostic (PCR)* Follow Up (Quantitative or QPCR)*(3x4mL PB in ED *RNA based test -Must be received within 48hrs of collect Myeloproliferative Neoplasm JAK2 (V617F Mutation) JAK2 (Exon 12 Mutations)(1mL Bone marrow requint MPL 515 – Thrombopoietin receptor mutations Other 1P19q LOH for Glioma EGFR Extended RAS (KRAS, NRAS) BRAF LAB USE ONLY:	ction	FUI F	Lymphoid Leuk LL PANEL* OR R/ABL – t(9;22)* /AML1 – t(12;21)* based test -Must I hoproliferative N cell rearrangement tell rearrangement ERISM STUDIE <u>*Peripi</u> Pre BMT samples I Pre BMT (4mL I Donor Day 0 = Same sex dono Post BMT (4x4r eceived within 72	emia (ALL): * * be received within 48hrs of collection Neoplasm t t S (Bone Marrow Transplant) heral Blood Only must be tested before performing Post BMT testing. PB from Donor and Recipient)
Acute Myeloid Leukemia (AML): FULL PANEL* OR AML1/ETO – t(8;21)* CBFB – inv(16)* PML/RARA – t(15;17)* BCR/ABL – t(9;22)* FLT3/NPM1 Chronic Myeloid Leukemia (CML): Diagnostic (PCR)* Follow Up (Quantitative or QPCR)*(3x4mL PB in ED *RNA based test -Must be received within 48hrs of collect Myeloproliferative Neoplasm JAK2 (V617F Mutation) JAK2 (Exon 12 Mutations)(1mL Bone marrow requint MPL 515 – Thrombopoietin receptor mutations Other 1P19q LOH for Glioma EGFR Extended RAS (KRAS, NRAS) BRAF	ction	FUI F	Lymphoid Leuk LL PANEL* OR R/ABL – t(9;22)* /AML1 – t(12;21)* based test -Must I hoproliferative N cell rearrangement cell rearrangement ERISM STUDIE <u>*Peripi</u> Pre BMT samples D Pre BMT (4mL I D Donor Day 0 =	emia (ALL): * * be received within 48hrs of collection Neoplasm t t S (Bone Marrow Transplant) heral Blood Only must be tested before performing Post BMT testing. PB from Donor and Recipient)