

MOLECULAR ONCOLOGY REQUISITION

HAMILTON HEALTH SCIENCES

Hamilton Regional Laboratory Medicine Program
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Patient Information

***Name (print)**

Surname, First Name

Address

***DOB (DD/MM/YY)**

***Sex M [] F []**

***Health Card No.:**

***Mandatory Information:** (Specimen cannot be processed without this data)

REPORTS TO:

Additional Copies to:

DATE SAMPLE TAKEN:

*Ordering Physician: _____

*Surname, First Name

Name: _____

*Surname, First Name

Address: _____

Address: _____

*Phone: _____ Fax: _____

*Phone: _____

Physician Signature: _____

Fax: _____

(DD/MM/YY):

Time:

Ward/Hospital where sample taken:

Please use a **CYTOGENETICS ONCOLOGY REQUISITION** for all **Cytogenetics based tests**. There is a separate requisition for familial cancers (breast, colon, etc.)

Specimen Submitted:

- Bone Marrow (1-5 mL fresh aspirate in **EDTA**)
- Peripheral Blood (5 mL in **EDTA**) (8-12mL for QPCR in **EDTA**)
- FFPE Tissue Curls Block # _____
- FFPE Slides (Unstained sections) Block # _____

Priority:

- Routine
- Urgent

Diagnostic Status:

- Diagnostic
- Response to therapy
- Query Progression
- Follow up

Testing Requested: Please see the HRLMP Laboratory test information guide for complete sample requirements

<http://www.itig.hrlmp.ca/> ***SAMPLES FOR RNA MUST BE RECEIVED WITHIN 48 HOURS FROM COLLECTION**

MYELOID

Acute Myeloid Leukemia (AML):

- FULL PANEL*
- OR**
- AML1/ETO – t(8;21)*
- CBFβ – 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 EDTA)
- *RNA based test -Must be received within 48hrs of collection**

Myeloproliferative Neoplasm

- JAK2 (V617F Mutation)
- JAK2 (Exon 12 Mutations)(1mL Bone marrow required)
- MPL 515 – Thrombopoietin receptor mutations

Other

- 1P19q LOH for Glioma
- EGFR
- Extended RAS (KRAS, NRAS)
- BRAF

LYMPHOID

Acute Lymphoid Leukemia (ALL):

- FULL PANEL*
- OR**
- BCR/ABL – t(9;22)*
- TEL/AML1 – t(12;21)*
- E2A/PBX1 – t(1;19)*

***RNA based test -Must be received within 48hrs of collection**

Lymphoproliferative Neoplasm

- B-cell rearrangement
- T-cell rearrangement

CHIMERISM STUDIES (Bone Marrow Transplant)

***Peripheral Blood Only**

Pre BMT samples must be tested before performing Post BMT testing.

- Pre BMT (4mL PB from Donor and Recipient)
 - Donor Recipient

Day 0 = _____ Donor for _____

- Same sex donor Opposite Sex donor
- Post BMT (4x4mL or 20mL PB required)***Must be received within 72hrs of collection**

LAB USE ONLY:

TECH:

LAB NO:

RECEIVED:

COMMENTS ON SPECIMEN: