

Spectrum Health ATL Laboratories

Surgical Specimen Testing by Cytogenetics/Flow Cytometry/Molecular Diagnostics

ATL Lab Central: Phone (616) 486-6233 Fax (616) 486-6234

Patient Name: _____

Pathologist: _____

MRN/CPI: _____

Case # and block(s): _____

DOB: _____

****Place label here if available**

***Specimen Treatment**

- Immunocal – Gross
- Decal Stat – Gross
- Decal Stat - Bench
- Other: _____
- None

*****CYTOGENETICS FISH**

- 1 H&E stained recut slide, 4 unstained 5µ slides

- Burkitt Panel (MYC breakapart; IGH/MYC) LAB2111357
- Del 1p19q (Oligodendroglioma) LAB2111336
- EWSR1 (Ewing sarcoma) LAB2111387
- Her2 Amplification LAB2111418
- Liposarcoma (MDM2) LAB3275
- MALT Rearrangement LAB2111413
- Mantle Cell Probe (IGH/CCND1) LAB2111396
- MET Amplification LAB3504
- RET Rearrangement LAB3505
- Rhabdomyosarcoma (FOXO1A/FKHR) LAB2111389
- ROS1 Rearrangement LAB3506
- Synovial sarcoma (SS18/SYT) LAB2111413
- USP6 Rearrangement (Aneurysmal bone cyst) LAB2111413
- Other _____

- 1 H&E stained recut slide, 6 unstained 5 µ slides

- Aneuploidy (POC) LAB2111421
- High grade B-cell Lymphoma (double/triple hit) LAB3273
- Myxoid Liposarcoma (DDIT3/CHOP & FUS) LAB2111363, LAB2111394

*****MOLECULAR DIAGNOSTICS**

- 1 H&E stained recut slide and corresponding block

- BRAF LAB2111583
- Cancer Hot Spot LAB3406
- Colon Mutation Panel (BRAF, KRAS, NRAS) LAB3604
- EGFR LAB3181
- IGH@ clonality (B-cell) LAB2111112
- KRAS LAB3431
- MLH1 Promoter HyperMethylation LAB3581
- MGMT Methylation LAB3404
- MSI Molecular (Normal & Tumor) LAB3001
- MYD88 Mutation Analysis LAB3643
- NRAS LAB3430
- TRG@ clonality (T-cell) LAB2111172

*****MOLECULAR AND FISH**

1 H&E stained recut slide, 6 unstained 5µ slides and paraffin block from which section was made.

- Lung Cancer Panel LAB3507
- EGFR, KRAS, BRAF, HER2 mutations, ALK, ROS1, RET rearrangement & MET Amp.

This box must be filled out by the

Pathologist before the case goes to ATL

I have reviewed the H&E slide(s) and marked area(s) to be tested.

Pathologist's initials: _____

Date: _____

% viable tumor cells in circled area: _____

TISSUE SOURCE

- Bone
- Bone Marrow
- Breast
- Colon
- Lung
- Lymph node
- Skin
- Other: _____

ORDER TYPE

- Reflex order or working case order (testing needed for diagnosis) initiated by pathologist (no additional written order needed)
- Requested by physician's order
 - Cases greater than 30 days old
 - Cases that are not reflex testing
 - Cases that are not done for initial diagnostic testing

Ordering physician _____

Date on written order _____

(***MUST** be used to create Fin Number*)

****** Secretaries: Please attach a copy of the faxed/written order to this sheet for cases that are >30 days old and are not reflex or working case diagnostic testing******