

Sanford Clinic
 USD Genetics Laboratory
 1305 W. 18th Street
 Sioux Falls, SD 57105
 605-333-5202 Fax 605-328-2801



Genetics Lab Patient Number: _____
 Sample Date: ____/____/____
 Referring Laboratory: _____
 Referring Physician: _____
 Ref. Lab Patient #: _____

LEUKEMIA CHROMOSOME AND LEUKEMIA FISH PANEL REQUEST FORM

Patient Information:

Patient Name: _____ Insurance Co: _____
 Date of birth: ____/____/____ Sex: _____ Policyholder: _____
 Patient Address: _____ Group #: _____
 _____ Policy #: _____
 _____ Preauthorization #: _____
 Telephone: _____ Parent or Guardian of minor patient: _____

Patient Responsibility:

I authorize Sanford Health/Sanford Laboratories to furnish my insurance carrier the information on this form if necessary for reimbursement. I also authorize benefits to be payable to Sanford Health/Sanford Laboratories. I understand that I am responsible for any amounts not paid by insurance for reasons including, but not limited to non-covered and non-authorized services.

Patient Signature _____ Date _____

Laboratory Findings and Case Information:

Include the CBC report if it is available. Specimen Source: ____ Peripheral Blood
 ____ Bone Marrow
 WBC Count: _____
 Blasts Count: _____
 Diagnosis: _____ Aspirate Quality _____

Tests Requested:

____ Chromosome analysis only Additional Notes:
 ____ Chromosome and FISH studies
 ____ FISH studies only
 ____ AML /suspected AML – extract DNA and hold for potential future testing.
 ____ DNA from marrow
 ____ DNA from blood

FISH studies (please select):

- ____ t(9;22) – BCR/ABL
- ____ t(12;21) – ETV6/RUNX1 (TEL/AML1)
- ____ t(15;17) – PML/RARA
- ____ -5/5q
- ____ t(8;21) – RUNX1T1/RUNX1 (ETO/AML1)
- ____ inv16(t(16;16) – CBFB
- ____ t(11q23) – MLL
- ____ t(14;18) – IGH/BCL2
- ____ t(11;14) – IGH/CCND1XT

FISH PROBE PANELS: Please circle select probes if full panel not required.

- ____ **ALL** [t(12;21), t(9;22), t(11q23)]
- ____ **AML** [t(9;22), t(8;21), inv(16)t(16;16), t(11q23), t(15;17)]
- ____ **CML** [t(9;22), Iso(17q), 8 cen]
- ____ **CLL** [del(11)(q22.3), del(13)(q14.3), del(13)(q34), del(17)(p13.1), t(14q32), 12 cen]
- ____ **DLBCL** [t(14;18), 18 cen, t(11;14) – reflex to del(17)(p13.1) if t(14;18) is positive]
- ____ **MDS** [-5/5q-, -7/7q-, del(20q), 8 cen]
- ____ **MM** [del(13)(q14.3), del(17)(p13.1), t(11;14), t(14q23), t(11q23), 11 cen]