

CANCER GENETICS LABORATORY



BRITISH COLUMBIA CANCER AGENCY
 DEPT. OF PATHOLOGY AND LABORATORY MEDICINE
 ROOM 3305 - 600 WEST 10TH AVENUE
 VANCOUVER BC V5Z-4E6

604-877-6000 EXT 67-2094
 WWW.CANCERGENETICSLAB.CA
 INFO@CANCERGENETICSLAB.CA



ADDRESSOGRAPH OR PATIENT LABEL

MYELOID TESTING REQUISITION

See www.cancerogeneticslab.ca for current Myeloid, Lymphoid, Solid Tumor and Hereditary test information and requisitions

PATIENT INFORMATION				REQUESTING PHYSICIAN			
Last Name		First and Middle Names		Name		MSC	
Date of Birth dd/mmm/yyyy	Sex <input type="checkbox"/> M <input type="checkbox"/> F	PHN	BCCA ID#	Phone		Fax	
SPECIMEN				Address			
Specimen Type <input type="checkbox"/> PB <input type="checkbox"/> BM Aspirate <input type="checkbox"/> MAA (<input type="checkbox"/> PB <input type="checkbox"/> BM) <input type="checkbox"/> CGL Specimen <input type="checkbox"/> Other _____		Myeloid Panel Special Criteria All: Collect separate 0.5mL fresh marrow aspirate in EDTA AML: include cytogenetics report MPN/MDS: include marrow report (CGL fax: 604-877-6294)					
REASON FOR TESTING / DIAGNOSIS / CLINICAL HISTORY (REQUIRED FOR TEST TO PROCEED)				Originating Hospital		COPY PHYSICIANS (ALL INFORMATION IS NECESSARY)	
				Name		MSC	
				Address		Name	
				Name		MSC	
				Address		Name	
				Address		MSC	
				Address		MSC	
		CYTOGENETICS (FISH)		MOLECULAR			
MYELOID	Acute Myeloid Leukemia	<input type="checkbox"/> Karyotype <input type="checkbox"/> RUNX1/RUNX1T1 t(8;21) <input type="checkbox"/> CFBF inv(16) <input type="checkbox"/> MLL/KMT2A 11q23 rearrangement <input type="checkbox"/> ETV6/RUNX1 t(12;21)		Myeloid panel (restricted to LEUK/BMT physicians considering SCT) <input type="checkbox"/> <70 y.o.; Good risk cytogenetics <input type="checkbox"/> <70 y.o.; Intermediate risk cytogenetics		Single-gene testing <input type="checkbox"/> FLT3-ITD, NPM1 <input type="checkbox"/> KIT p.D816V (CBF AML only)	
	Acute Promyelocytic Leukemia	<input type="checkbox"/> PML/RARA t(15;17) Diagnostic FISH <input type="checkbox"/> Karyotype		PML/RARA: <input type="checkbox"/> MRD Baseline <input type="checkbox"/> MRD Monitor			
	Chronic Myelogenous Leukemia	<input type="checkbox"/> BCR/ABL1 t(9;22) Diagnostic FISH <input type="checkbox"/> Karyotype		BCR/ABL1: <input type="checkbox"/> MRD Baseline <input type="checkbox"/> MRD Monitor <input type="checkbox"/> Kinase Domain			
	Mastocytosis	<input type="checkbox"/> FIP1L1/PDGFR (with eosinophilia)		<input type="checkbox"/> KIT p.D816V			
	Myelodysplastic Syndrome	<input type="checkbox"/> Karyotype		Myeloid panel (restricted to hematologists or hematopathologists) <input type="checkbox"/> <60 y.o.; any karyotype <input type="checkbox"/> 60-80 y.o.; normal marrow karyotype <input type="checkbox"/> IPSS Int-1 or IPSS-R Intermediate; any karyotype			
Myeloproliferative Neoplasm	<input type="checkbox"/> BCR/ABL1 t(9;22) Diagnostic FISH		Myeloid panel <input type="checkbox"/> JAK2 V617F negative; ET/MF/PV; restricted to hematologists or hematopathologists <input type="checkbox"/> JAK2 V617F positive; MF; restricted to LEUK/BMT physicians considering SCT		JAK2 V617F Single-gene testing <input type="checkbox"/> Erythrocytosis (for men/women= Hb >165/160 g/L or HCT >49/48%) <input type="checkbox"/> Thrombocytosis (>450x10 ⁹ /L) <input type="checkbox"/> Leukoerythroblastic blood film <input type="checkbox"/> Abdominal vein thrombosis <input type="checkbox"/> PB/BM morphologic features of MPN (specify in clinical history box)		
OTHER	Chimerism			<input type="checkbox"/> Pre-transplant assessment: <input type="checkbox"/> Donor <input type="checkbox"/> Recipient <input type="checkbox"/> Post-transplant assessment			
	Lymphoid and Myeloid neoplasm with Eosinophilia	<input type="checkbox"/> FIP1L1/PDGFR <input type="checkbox"/> PDGFRB <input type="checkbox"/> FGFR1					
	Multiple Myeloma	<input type="checkbox"/> FGFR3/IGH, TP53, MAF/IGH					
Other (with prior CGL Director's Approval)							
Physician Signature (required)						Date	
Signature acknowledges an understanding that the Myeloid Panel may identify potential germline findings of hereditary significance							
Lab Use Only		Tubes #	EDTA mL	NaHep mL	Media mL		
		PB					
		BM					
		Other					