



Hemato-Oncology Requisition

Cytogenetics & Molecular Genetics Laboratories

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Phone: (416) 756-6791 Fax: (416) 756-6197 (Molecular Genetics)
www.nygh.on.ca/genetics/labs

Patient Information

Patient Name

(Last) _____ (First) _____

Date of Birth

YYYY / MM / DD

Sex at birth Male Female Intersex

Gender (if different from above) _____

Health Card # _____

The DNA extracted from the patient's specimen (blood or bone marrow) will be destroyed one year after the test is reported. Some residual specimens may be used anonymously in the lab for test development or quality assurance purposes, unless waived by the patient.

I wish to waive the usage of my DNA specimen by the lab. Patient/designate signature _____, Date _____

Sample Information

- Peripheral blood (3 mL NaHep)**
- Bone marrow aspirate (1~ 2 mL NaHep)**
Specimen # _____
** If only for NGS, EDTA is acceptable
- Paraffin-embedded tissue slides
Specimen # _____
- Other (specify) _____

Specimen Collection Centre:

Collection Date (YYYY/MM/DD):

Indication(s) for Testing (Test must be selected on page 2)

Myeloid disorders

- AML APL
- MDS
- MPN (specify _____)
- MDS/MPN (specify _____)

Lymphoid disorders

- ALL
- CLL
treatment is being considered Yes No
- Lymphoma (specify _____)
- MM

Cytopenia

- (specify _____)
- Other (specify _____)

Reason for Referral

- Diagnostic
- Follow-up

Report to (Physician Information)

Copy to

Name _____
Address _____
City _____ Province/Postal Code _____
Phone _____ Fax _____
Signature _____

Name _____
Address _____
Phone _____ Fax _____

Lab Use Only

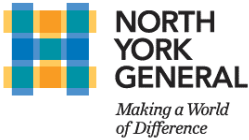
Cytogenetics Lab # _____

Molecular Genetics Lab # _____

Related Lab Numbers _____

Date Received _____

Req. Check _____ CG Chart Check _____ MG Chart Check _____



Patient name: _____

DOB: _____

Test(s) Requested

G-Banded Chromosome Analysis

- Karyotype Reflex to oncology SNP array if karyotype fails

Microarray Analysis

- Oncology SNP array

FISH Analysis

- Acute promyelocytic leukemia (APL): PML/RARA
- Chronic myelogenous leukemia (CML): BCR/ABL1
- Follicular lymphoma (FL): IGH/BCL2 or BCL2
- High-grade B-cell lymphoma (HGBL): BCL6, MYC and BCL2
- Mantle cell lymphoma (MCL): IGH/CCND1
- Marginal zone lymphoma (MZL): 3q, 7q and MALT1
- Multiple myeloma (MM): CKS1B/CDKN2C (1q/1p), IGH and TP53 (17p) / reflex IGH/FGFR3, IGH/CCND1 and IGH/MAF

NGS Analysis

	Panel	# Genes	Gene(s)
<input type="checkbox"/>	Myeloid Neoplasms Panel - Sequencing and deletion/duplication <small>LAB CODE: MYL</small>	42	ABL1, ASXL1, BCOR, BCORL1, BRAF, CALR, CBL, CEBPA, CUX1, CSF3R, DDX41, DNMT3A, EZH2, ETV6, FLT3, IDH1, IDH2, JAK2, GATA2, KIT, KMT2A, KRAS, MPL, NF1, NPM1, NRAS, PHF6, PPM1D, PTPN11, PRPF8, RAD21, RUNX1, SETBP1, SH2B3, SF3B1, SRSF2, STAG,2 TET2, TP53, U2AF1, WT1, ZRSR2
<input type="checkbox"/>	Chronic Lymphocytic Leukemia Panel- Sequencing and deletion/duplication and IGHV Somatic Hypermutation <small>LAB CODE: CLL</small>	23	ATF1, ATM, BCL2, BTK, CDK4, CUL4A, CXCR4, DLEU1, EGR2, FBXW7, KLF5, KRAS, MYD88, NFKBIE, NOTCH1, PLCG2, POT1, PROZ, RB1, SF3B1, TP53 , XPO1, + IGH rearrangement

Lab Use Only

Cytogenetics Lab # _____

Molecular Genetics Lab # _____

Requirements

NYGH Genetics Laboratories Terms & Conditions can be found on our website at <https://www.nygh.on.ca/areas-care/genetics/genetics-forms-and-additional-information>. These Terms & Conditions must be reviewed prior to placing an order.

Requisition

Complete this Requisition completely including:

- Patient information: patient's name, date of birth, sex assigned at birth, gender (if different from sex) and Ontario Health Card number
- Specimen information: specimen type, sample collection centre and date of collection
- Indication for Testing
- Reason for Referral
- Test(s) requested
- Referring physician name, address, phone and fax numbers and signature
- Any other relevant information

Sample Requirements

- *Peripheral Blood*: 3 mL of venous blood collected in a sodium heparin vacutainer labelled with the individual's first and last names and date of birth. Note, if only NGS is ordered, EDTA vacutainer is acceptable.
- *Bone Marrow*: 1~2 mL of bone marrow aspirate collected in a sodium heparin vacutainer labelled with the individual's first and last names and date of birth. Note, if only NGS is ordered, EDTA vacutainer is acceptable.
- *Paraffin-embedded Oncology Tissue Slides*:
 - 10% neutral buffered formalin-fixed paraffin-embedded tissue cut to 3-5 microns, mounted on positively charged slides (e.g. Surgipath SnowCoat X-tra) and dried at 50-60°C for 30-60 minutes.
 - One H&E stained slide with the area of interest clearly marked, or documentation that any area of the tissue may be used.
 - One slide per FISH probe ordered + 2 extra slides for repeats.
 - Slides must be labelled with an identifier such as the Accession Number.

Please note: Do not send blocks. Only slides are accepted. Slides will not be returned.

Shipping Instructions

- Send requisition with specimens at **room temperature** for same day delivery (see address on the requisition).
- Specimens are accepted between **8:30 a.m.-3:30 p.m.** Monday to Friday.
- When shipping specimens, follow the regulations of the Transportation of Dangerous Goods Act (1992, C.34).