# Cancer Cytogenetics Requisition

**Yale Cytogenetics Laboratory**  
Department of Genetics  
WWW335, 333 Cedar Street  
New Haven, CT 06510

Phone: 203-785-2146  Fax: 203-785-7342

http://medicine.yale.edu/lab/cytogenetics/

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**Patient Demographics**  
[Place sticker here]

<table>
<thead>
<tr>
<th>MRN#</th>
<th>DOB</th>
<th>Sex</th>
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<tr>
<td></td>
<td></td>
<td>M/F</td>
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</tbody>
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**Clinical Information**

- **Patient Name (Last, First)**: [Blank]
- **Location**: WWW335, 333 Cedar Street  
New Haven, CT 06510

**MRN#**: [Blank]  
**DOB**: [Blank]  
**Phone**: 203-785-2146  
**Fax**: 203-785-7342

**Blood/Marrow Samples MUST be in Sodium Heparin**

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**Clinical Diagnosis (Include ICD10 code)**

- [ ] New Diagnosis  
- [ ] Relapse  
- [ ] Remission  
- [ ] Right  
- [ ] Left

**S/P transplant**: Y / N

**Donor**: autologous / M / F

- [ ] Lymph Node
- [ ] AIDS  
- [ ] EBV
- [ ] Hepatitis  
- [ ] Other: [Blank]

**Leukemic Blood**: [Blank] % Blasts

**Specimen Information**

- [ ] Bone Marrow

**MD: Consent for Testing**

I hereby authorize Yale Cytogenetics Lab to perform the selected test(s) on this patient, as well as any additional FISH test(s) deemed clinically necessary. I also authorize the lab to preserve for scientific or teaching purposes or otherwise dispose of any residual sample material not needed for diagnosis.

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**Test Requested**

- [ ] Karyotype (G-band Chromosome Analysis)
- [ ] Genomic Microarray Analysis (Array CGH)
- [ ] Fluorescence In Situ Hybridization (FISH) - specify below

### ALL

- [ ] B cell/pre-B cell ALL panel
  - ABL1/BCR, t(9;22)
  - KMT2A, t(11q23)
  - ETV6-RUNX1, t(12;21)
  - CEP4*10/17, hyperdiploidy
  - IGH, t(14q32)
  - MYC, t(8q24)
  - CDKN2A, 9p-
  - TP53, 17p-
  - TCF3/PBX1, t(1;19)
  - ph-like ALL panel
  - ABL2, t(1q25)
  - PDGFRB, t(5q35)
  - JAK2, t(9p24)
  - ABL1, t(9q34)
  - CRLF2, t(Xp22.3/Yp11.32)
  - COG high-risk ALL required testing
  - T cell ALL panel
  - TCRA/D, t(14q11)
  - TCRB, t(7q35)
  - CDKN2A, 9p-
  - ABL1, t(9q34)
  - TLX3, t(5q35)

### B-cell lymphoma panel

- IGH, t(14q32)
- MYC, t(8q24)
- BCL2, t(18q21)
- 7q-, splenic MZL

### B-cell PLL panel

- IGH, t(14q32)
- MYC, 8q24
- RB1, 13q14.2
- ATM/TP53, 11q-17p
- CDKN2A, 9p-
- CTCL panel
  - MYC, 8q24
  - BBL6, 3q-
- WT ALL panel
  - TCRD, t(14q11)
  - TCRB, t(7q35)
  - CDKN2A, 9p-
  - ABL1, t(9q34)
  - TLX3, t(5q35)

### Waldenstrom's/LPL

- MYELMA panel
  - (IGH, 9/15/17, 13q-, 1p/1q)
- B-cell lymphoma panel
  - (IGH, MYC, BCL6)
  - MYB, 6q-

### MGUS/MM

- IGH, t(14q32)
- 9/15q/17p, hyperdiploidy
- DLEU1, 13q-
- CCK1/CDKN2C, 1p/1q
- CCND1-IGH, t(11q14)
- FGFR1-IGH, t(4q14)
- IGAF-MAF, t(14q16)
- CCND6-IGH, t(6q14)

### MPD/MPN

- IGH-MAF, t(14q12)
- CML
  - ABL1/BCR, t(9;22)
  - MPD (unspec.), ET, CNL
  - CML
  - AML
  - MDS

### OTHER

- [ ] COG high-risk ALL required testing
- [ ] PRIMARY MYELOFIBROSIS
  - MYC/D20S108, +8/20q-
  - DLEU1, 13q-
  - CDKN2A, 9p-
  - TCF3/PBX1, t(14q11)
- [ ] Ph-like ALL panel
  - MYC/D20S108, +8/20q-
  - IGAF-MAF, t(14q12)
  - CCND6-IGH, t(6q14)

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**Referring Clinicians**

- **MD:** [Blank]
- **Phone:** [Blank]
- **Fax:** [Blank]

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**Form 4010B Revised 04/2021**  
This form can be downloaded from: http://medicine.yale.edu/lab/cytogenetics/testing