NOTE: PLEASE REFER TO THE BACK OF THIS REQUISITION FOR SPECIMEN HANDLING INSTRUCTIONS
MICHIGAN MEDICINE
PATHOLOGY
Cytogenetics Laboratory Requisition

☐ Routine
☐ STAT
ORDER DATE: ____ / ____ / ____

ICD-10 Code/Diagnosis:

Ordered Clinician to receive report: ☐ See label above

UMHS Dr. #: __________

COLLECTED BY:

COLLECTED DATE: ____ / ____ / ____

COLLECTION TIME: ____ : ____ am/pm

ATTENDING PHYSICIAN: (if different from above)

UMHS Dr. #: __________

CYTOGENETICS

SPECIMEN TYPE
☐ Peripheral Blood
☐ Bone Marrow Aspirate G, syringe (Media Tube if on COG Study)
☐ Bone Core
☐ Lymph Node*
☐ Skin Biopsy*, Source: ____________________________
☐ Tumor*, Source: ____________________________ *

☐ Amniotic Fluid
☐ Chorionic Villi
☐ POC*
☐ Placenta*
☐ Fetal Tissue* Source:

GEST. AGE:

DIAGNOSIS & CLINICAL HISTORY (COMPLETE LEFT OR RIGHT COLUMN BELOW)

CONSTITUTIONAL/GENETICS

DIAGNOSIS/INDICATION FOR TESTING:

☐ Chromosome Analysis, Constitutional
☐ R/O Turner Syndrome
☐ Tissue Culture Only (Send out paperwork required)

☐ FISH for Microdeletion Syndromes
☐ DiGeorge/VCF (22q11.2)
☐ Williams (7q11.23)
☐ Other ____________________________

☐ FISH for CMA abnormality

MALIGNANCY

(Diagnosis: Include a brief history, pertinent laboratory results, suspected diagnosis, and reason for referral.)

Bone marrow transplant:
☐ Autologous
☐ Allogeneic
☐ Sex mis-match

If suspected second malignancy:

Primary malignancy/condition:

Disease stage:
☐ New diagnosis
☐ Relapse
☐ MRD

TESTS REQUESTED FOR MALIGNANCY:

☐ Chromosome Analysis, Malignancy

FISH Oncology Probes

☐ BCR/ABL [t(9;22)]
☐ PML/RARA [t(15;17)]
☐ RUNX1/RUNX1T1 [t(8;21)]
☐ CBFB/MYH11 [inv(16)]
☐ KMT2A [t(11q23)]
☐ CRLF2 (Xp22.33/Yp11.32)
☐ GATA2/MECOM [inv(3)]
☐ EGR1 [5q5]
☐ D7S486/CEP7 [7q7]
☐ IGH/CCND1 [t(11;14)]
☐ MYC [t(8q24.21)]
☐ TRA/D [inv(14)]
☐ TFE3
☐ TFEB
☐ ERG

FISH Panels:

☐ CLL Panel
☐ Eosinophilia Panel
☐ Other FISH: ____________________________

☐ Multiple Myeloma Panel G

FISH Panels:

☐ Cancer Cytogenomic Microarray: (Separate sample required)

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<table>
<thead>
<tr>
<th>SPECIMEN CODES:</th>
<th>SITE/MATERIAL</th>
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<td>TUBES</td>
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</tr>
<tr>
<td>B = BLUE</td>
<td>A = AMNIOTIC FLUID</td>
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<tr>
<td>F = FSP</td>
<td>BF = BODY FLUID</td>
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<tr>
<td>G = GREEN</td>
<td>BM = BONE MARROW</td>
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<td>N = NAVY BLUE</td>
<td>CSF = SPINAL FLUID</td>
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<td>GA = GASTRIC</td>
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<tr>
<td>R = RED</td>
<td>SK = SKIN</td>
</tr>
<tr>
<td>S = SST (CORVAC)</td>
<td>T = TISSUE</td>
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| HANDLING CODES:         | SPECIMENS REQUIRE SPECIAL HANDLING. Refer to on-line handbook, “http://www.pathology.med.umich.edu/handbook/” |
|                        | SPECIMENS REQUIRE SPECIAL HANDLING AND A HISTORY AND DIAGNOSIS. |
| BLACK REVERSE          | * THESE TESTS REQUIRE A CONSULTATION AND REQUIRE A HISTORY AND DIAGNOSIS. |
| BLACK REVERSE ITALICS  | THESE TESTS REQUIRE A HISTORY AND DIAGNOSIS IN ORDER TO REPORT RESULTS. |
| BLACK BOLD ITALICS     | THESE TESTS REQUIRE A SPECIAL CDC OR MDPH HISTORY FORM AVAILABLE IN THE LAB. |
| COLOR BOLD ITALICS     | * THESE TESTS REQUIRE A HISTORY AND DIAGNOSIS IN ORDER TO REPORT RESULTS. |