

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

PATHOLOGY
Cytogenetics Laboratory Requisition

**RESULTS
 REPORTING
 LOCATION
 CODE:**

MRN:

NAME:

BIRTHDATE:

CSN:

Routine

STAT

ORDER DATE: _____/_____/_____
 (mm/dd/yyyy)

ICD-10 Code/Diagnosis:		Ordering Clinician to receive report: <input type="checkbox"/> See label above	
Collected by:		UMHS Dr. #: _____	
Collected Date: _____/_____/_____	Collection Time: ____:____am/pm	Attending Physician: (if different from above)	UMHS Dr. #: _____

CYTOGENETICS

SPECIMEN TYPE

- Peripheral Blood G
 Bone Marrow Aspirate G, syringe (Media Tube if on COG Study)
 Bone Core* Other _____
 Lymph Node*
 Skin Biopsy*, Source: _____
 Tumor*, Source: _____ * = Media Tube

- Amniotic Fluid
 Chorionic Villi
 POC*
 Placenta*
 Fetal Tissue* Source: _____

Gest. Age: _____

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

CONSTITUTIONAL/GENETICS	MALIGNANCY
<p>DIAGNOSIS/INDICATION FOR TESTING:</p>	<p>DIAGNOSIS: (Include a brief history, pertinent laboratory results, suspected diagnosis, and reason for referral.)</p>
	<p>Bone marrow transplant: <input type="checkbox"/> Autologous <input type="checkbox"/> Allogeneic <input type="checkbox"/> Sex mis-match</p> <p>Disease stage: <input type="checkbox"/> New diagnosis <input type="checkbox"/> Relapse <input type="checkbox"/> MRD</p>
	<p><i>If suspected second malignancy:</i> Primary malignancy/condition: _____</p>
	<p>TESTS REQUESTED FOR MALIGNANCY:</p> <p><input type="checkbox"/> Chromosome Analysis, Malignancy</p> <p>FISH Oncology Probes</p>
<p>CONSTITUTIONAL/GENETICS TESTS REQUESTED:</p> <p><input type="checkbox"/> Chromosome Analysis, Constitutional <input type="checkbox"/> R/O Turner Syndrome</p> <p><input type="checkbox"/> Tissue Culture Only (Send out paperwork required)</p> <p>FISH for Microdeletion Syndromes</p> <p><input type="checkbox"/> DiGeorge/VCF (22q11.2) <input type="checkbox"/> Williams (7q11.23) <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> FISH for CMA abnormality</p>	<p><input type="checkbox"/> BCR/ABL [t(9;22)] <input type="checkbox"/> IGH/CCND1 [t(11;14)] FFPE FISH:</p> <p><input type="checkbox"/> PML/RARA [t(15;17)] <input type="checkbox"/> MYC [t(8q24.21)] <input type="checkbox"/> TFE3</p> <p><input type="checkbox"/> RUNX1/RUNX1T1 [t(8;21)] <input type="checkbox"/> TRA/D [inv(14)] <input type="checkbox"/> TFEB</p> <p><input type="checkbox"/> CFBF/MYH11 [inv(16)] <input type="checkbox"/> KMT2A [t(11q23)] <input type="checkbox"/> ERG</p> <p><input type="checkbox"/> KMT2A [t(11q23)] <input type="checkbox"/> CRLF2 (Xp22.33/Yp11.32) FISH Panels:</p> <p><input type="checkbox"/> GATA2/MECOM [inv(3)] <input type="checkbox"/> CLL Panel <input type="checkbox"/> Other FISH: _____ (Lab approval required)</p> <p><input type="checkbox"/> EGR1 [5q/5] <input type="checkbox"/> Eosinophilia Panel</p> <p><input type="checkbox"/> D7S486/CEP7 [7q/7] <input type="checkbox"/> Multiple Myeloma Panel G (Separate sample required)</p> <p><input type="checkbox"/> Cancer Cytogenomic Microarray: (Separate sample required)</p>

21-10085

VER: A/20
 HIM: 01/20

LABORATORY



Testing / Diagnostic / Screening Requisition

SPECIMEN CODES:

TUBES

B = BLUE
F = FSP
G = GREEN
N = NAVY BLUE
L = LAVENDER
P = PINK
R = RED
S = SST (CORVAC)

SITE/MATERIAL

A = AMNIOTIC FLUID
BF = BODY FLUID
BM = BONE MARROW
CSF = SPINAL FLUID
GA = GASTRIC
M = MUSCLE TISSUE
SK = SKIN
T = TISSUE
U = URINE

HANDLING CODES:

BLACK REVERSE = SPECIMENS REQUIRE SPECIAL HANDLING. Refer to on-line handbook, "<http://www.pathology.med.umich.edu/handbook/>"

BLACK REVERSE ITALICS = SPECIMENS REQUIRE SPECIAL HANDLING AND A HISTORY AND DIAGNOSIS.

BLACK BOLD ITALICS = THESE TESTS REQUIRE A HISTORY AND DIAGNOSIS IN ORDER TO REPORT RESULTS.

COLOR BOLD ITALICS = THESE TESTS REQUIRE A SPECIAL CDC OR MDPH HISTORY FORM AVAILABLE IN THE LAB.

* = THESE TESTS INCLUDE A CONSULTATION AND REQUIRE A HISTORY AND DIAGNOSIS.

PROOF