

Study(ies) identification Label (s)

**Identification All fields are mandatory**

use this space to paste the Label

Name:		
Date of Birth:	Sex: M / F	ID/Social Security:
Address:		Zip code:
Referring Center:		
Ordering Physician:		
Address:		Zip code:
Phone:	Fax:	Email:

**Specimen**

<input type="checkbox"/> Blood <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Lymph Node <input type="checkbox"/> Tissue Type:	<input type="checkbox"/> Other:
Collection Date:	Time of collection:

**Clinical Indication**

<b>Clinical Diagnosis:</b> _____ <input type="checkbox"/> Preliminary <input type="checkbox"/> Final	Leukocytes Count: _____ Therapeutics: <input type="checkbox"/> Yes <input type="checkbox"/> No Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No Previous Studies: <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Cytogenetics studies (Lithium Heparin) - These are the most common tests, for further analysis see [www.cgcgeneics.com](http://www.cgcgeneics.com)**

**Cytogenetics**

- Karyotype (non-estimated cultures)
- Chromosomal breakage studies
- Karyotype (estimated cultures)

**FISH**

**Available Probes**

<input type="checkbox"/> ALK	<input type="checkbox"/> ATM 11q	<input type="checkbox"/> BCL6	<input type="checkbox"/> inv/t 16	<input type="checkbox"/> MALT1 18q	<input type="checkbox"/> IgH	<input type="checkbox"/> MLL 11q
<input type="checkbox"/> MYC 8q	<input type="checkbox"/> RARa 17q	<input type="checkbox"/> 5q-	<input type="checkbox"/> 6q-	<input type="checkbox"/> 7q-	<input type="checkbox"/> 9p-	<input type="checkbox"/> 9q-
<input type="checkbox"/> 10q-	<input type="checkbox"/> 13q-	<input type="checkbox"/> 17p-	<input type="checkbox"/> 20q-	<input type="checkbox"/> t(4;14)	<input type="checkbox"/> t(8;14)	<input type="checkbox"/> t(8;21)
<input type="checkbox"/> t(9;22)	<input type="checkbox"/> t(11;14)	<input type="checkbox"/> t(11;18)	<input type="checkbox"/> t(12;21)	<input type="checkbox"/> t(14;18) IGH/BCL2		
<input type="checkbox"/> t(14;18) IGH/MALT1	<input type="checkbox"/> t(15;17)					

**Specific Studies**

<input type="checkbox"/> <b>OncoFish for LLC</b> 13q-, 11q-, 17p-, +12, IGH	<input type="checkbox"/> <b>OncoFish for MM</b> 13q-, 17p-, t(4;14), t(11;14)	<input type="checkbox"/> <b>OncoFish for SMD</b> 5q-, 7q-, 20q-
<b>Lymphomas</b>		
<input type="checkbox"/> <b>LNH gr. B Cells</b> t(14;18) e (11;14)	<input type="checkbox"/> <b>LNH Mantle</b> t(11;14)	<input type="checkbox"/> <b>LNH follicular</b> t(14;18)
		<input type="checkbox"/> <b>LNH Burkitt</b> t(8;14)

You can add or delete probes to specific studies or choose individually on the table above.

## Molecular Diagnostics studies (COLLECTION IN EDTA)

**Qualitative Studies:** 2 to 5 ml of BM/PB in EDTA

**Quantitative Studies:** 20 to 30 ml de PB in EDTA

### Qualitative Studies

- |   |   |
|---|---|
| <input type="checkbox"/> BCR/ABL; t(9;22)                               | <b>CML, AML, ALL</b>                        |
| <input type="checkbox"/> E2A/PBX1; t(1;19)                              | <b>ALL</b>                                  |
| <input type="checkbox"/> AML/ETO; t(8;21)                               | <b>AML</b>                                  |
| <input type="checkbox"/> PML/RAR $\alpha$ ; t(15;17)                    | <b>AML</b>                                  |
| <input type="checkbox"/> if < 48 hours<br>(phone pre-notice to the Lab) |   |
| <input type="checkbox"/> CBF $\beta$ /MYH11; t(inv)(16)                 | <b>AML</b>                                  |
| <input type="checkbox"/> MLL/AF4; t(4;11)                               | <b>ALL</b>                                  |
| <input type="checkbox"/> TEL/AML1; t(12;21)                             | <b>ALL</b>                                  |
| <input type="checkbox"/> FIP1L1/PDGFR $\alpha$ ; del(4)(q12)            | <b>Hypereosinophilic S.</b>                 |
| <input type="checkbox"/> FLT3 (ITDs & punctual mutations)               | <b>AL</b>                                   |
| <input type="checkbox"/> JAK2 (V617F mutation)                          | <b>ET, PV, SMP Ph<sup>1</sup> negatives</b> |
| <input type="checkbox"/> BCL2/IGH; t(14;18)                             | <b>LNH follicular</b>                       |
| <input type="checkbox"/> BCL1/IGH; t(11;14)                             | <b>LNH Mantle, MM</b>                       |
| <input type="checkbox"/> All fusion genes                               |   |
| <input type="checkbox"/> Other fusion gene                              | <b>AL</b> (see table opposite)              |

### Quantitative Studies

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> BCR/ABL  | <input type="checkbox"/> PML/RAR $\alpha$ |
| <input type="checkbox"/> TEL/AML1 | <input type="checkbox"/> WT1              |

### Clonal Studies

- |                              |                               |
|------------------------------|-------------------------------|
| <input type="checkbox"/> IGH | <input type="checkbox"/> TCRG |
| <input type="checkbox"/> IGK | <input type="checkbox"/> TCRB |

### Other studies Hemato-Oncology

- Imatinib Resistance** BCR/ABL
- c-KIT
- Chimerism after BMT  
needs collection of buccal cells and peripheral blood

### Other Studies - Oncology

- BRCA1 and/or BRCA2
- APC
- HNPCC
- p53

### HEMATOLOGY – Available studies

- Thrombophilia (Factor V Leiden, Prothrombin II and MTHFR)
- Thrombophilia (APOE)
- Thrombophilia (PAI)
- Hemochromatosis
- Protein S deficiency (sequencing)
- Gilbert Syndrome
- Thalassemia
- Drepanocytosis
- Hemophilia A (FVIII)
- Hemophilia B (FIX)
- Von Willebrand (type Normandy)

Fusion Gene	Chromosomal Rearrangement
<input type="checkbox"/> MLL-AF1p	t(1;11)(p32;q23)
<input type="checkbox"/> MLL-AF1q	t(1;11)(q21;q23)
<input type="checkbox"/> E2A-PBX1	t(1;19)(q23;p13)
<input type="checkbox"/> AML-MDS1/EVI1	t(3;21)(q26;q22)
<input type="checkbox"/> NPM-MLF1	t(3;5)(q25.1;q34)
<input type="checkbox"/> MLL-AF4	t(4;11)(q21;q23)
<input type="checkbox"/> TEL-PDGFRB	t(5;12)(q33;p13)
<input type="checkbox"/> NPM-RAR $\alpha$	t(5;17)(q35;q21)
<input type="checkbox"/> MLL-AF6	t(6;11)(q27;q23)
<input type="checkbox"/> DEK-CAN	t(6;9)(p23;q34)
<input type="checkbox"/> AML1-ETO	t(8;5)(q25.1;q22)
<input type="checkbox"/> MLL-AF9	t(9;11)(p22;q23)
<input type="checkbox"/> TEL-ABL	t(9;12)(q34;p13)
<input type="checkbox"/> BCR-ABL	t(9;22)(q34;q11)
<input type="checkbox"/> SET-CAN	t(9;9)(q34;q34)
<input type="checkbox"/> MLL-AF10	t(10;11)(p12;q23)
<input type="checkbox"/> MLL-AF17	t(11;17)(q23;q21)
<input type="checkbox"/> PLZF-RAR $\alpha$	t(11;17)(q23;q21)
<input type="checkbox"/> MLL-ELL	t(11;19)(q23;p13.1)
<input type="checkbox"/> MLL-ENL	t(11;19)(q23;p13.3)
<input type="checkbox"/> TEL-AML1	t(12;21)(p13;q22)
<input type="checkbox"/> TEL-MN1	t(12;22)(p13;q11)
<input type="checkbox"/> PML-RAR $\alpha$	t(15;17)(q22;q21)
<input type="checkbox"/> TLS-ERG	t(16;21)(q11;q22)
<input type="checkbox"/> E2A-HLF	t(17;19)(q22;p13)
<input type="checkbox"/> CBF $\beta$ -MYH11	inv(16)(p13q22)
<input type="checkbox"/> MLL-AFX	t(X;11)(q13;q23)
<input type="checkbox"/> SIL-TAL1	del(1)(p32)
<input type="checkbox"/> FIP1L1-PDGFR $\alpha$	del(4)(q12)

### Informed consent:

I wish to make the indicated above tests, and I assure that I was properly and fully informed, so I give my consent. I also authorize the report to be sent to my physician and my sample to be used for research purposes.

**Signature**