



# Knight Diagnostic Laboratories

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## Cytogenetics Oncology Requisition

### Patient Information

Full Name   
 Street Address   
 City, State, Zip   
 Phone  DOB  /  /   
 Fax  Male  Female   
 ID/MRN #   
 Hospital In-Patient Yes  No

### Ordering Physician Information

Full Name   
 NPI   
 Office/Facility Name   
 Address   
 City, State, Zip   
 Phone  Fax   
 Account #   
 Notes

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

### Send additional copies of test results to:

Physician Name  Physician Phone  Fax   
 Physician Name  Physician Phone  Fax

### Billing Information

#### Self Pay

#### Bill Insurance

Attach Copy of Insurance Card or Billing Face Sheet

#### Bill Client

Invoice will be sent to Client Account and Address Listed Above

Primary Insurance Name <input type="text"/>	Secondary Insurance Name <input type="text"/>
Primary Policy # <input type="text"/>	Secondary Policy # <input type="text"/>
Primary Group # <input type="text"/>	Secondary Group # <input type="text"/>
Preauthorization # <input type="text"/>	Preauthorization # <input type="text"/>
Relation to Insured Self <input type="checkbox"/> Child <input type="checkbox"/>	Relation to Insured Self <input type="checkbox"/> Child <input type="checkbox"/>
Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/>	Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/>
Spouse <input type="checkbox"/> Other <input type="text"/>	Spouse <input type="checkbox"/> Other <input type="text"/>

### Blood Differential

Date of Specimen Collection  /  /   
 Segs \_\_\_\_\_  
 Eos \_\_\_\_\_  
 Lymph \_\_\_\_\_  
 Bands \_\_\_\_\_  
 Baso \_\_\_\_\_  
 Mono \_\_\_\_\_  
 Other \_\_\_\_\_  
 Time of Specimen Collection  :  :   
 Tissue Site \_\_\_\_\_  
 Current Medications

ICD-10 (required)   
 Previous BMT  Yes  No  
 Donor Sex \_\_\_\_\_ Date of Transplant \_\_\_\_\_  
 Clinical Diagnosis

### Chromosome Studies\*

Code	Test Name
<input type="checkbox"/> 6066	Bone Marrow Chromosome Analysis
<input type="checkbox"/> 6300	Hem/Onc Blood Chromosome Analysis
<input type="checkbox"/> 6460	Solid Tissue / Lymph Node
<input type="checkbox"/> 6750	Solid Tissue / Spleen

Code	Test Name
<input type="checkbox"/> 6810	Solid Tissue Tumor: Full Study Tissue Type:

\* Chromosome studies will reflex to FISH if clinically relevant abnormalities are detected; appropriate charges will apply.

### FISH Panels

Code	Test Name	Probes	Chromosome Abnormalities
<input type="checkbox"/> 7010	B-ALL Panel * Reflexing may include: MLLT3/MLL, AFF1 and/or MLLT1 when relevant.	ETV6/RUNX1 BCR/ABL + ASS MLL CEP4/CEP10/ CEP17 E2A IGH CDKN2A (p16) / CEP9	t(12;21) (aka TEL/AML1) t(9;22) 11q23 rearrangement +4, +10, and +17 19p13.3 rearrangement 14q32 rearrangement 9p21 deletion
<input type="checkbox"/>	T-ALL Panel	BCR/ABL + ASS MLL TCL1 TRAD(TCR) TP53/CEP17 CDKN2A (p16) / CEP9	t(9;22) 11q23 rearrangement 14q32 rearrangement 14q11 rearrangement TP53 deletion 9p21 deletion
<input type="checkbox"/> 7014	AML Panel * Reflexing may include: MLLT3/MLL, AFF1, MLLT1, and/or RUNX1 break-apart when relevant.	EGR1/5q33/5p15.2 D7S486/CEP7 MLL BCR/ABL + ASS PML/RARA RUNXIT1/RUNX1 CBFB/MYH11 DEK/NUP214 MECOM/RPN1 NUP98	-5/5q deletion -7/7q deletion 11q23 rearrangement t(9;22) t(15;17) t(8;21) inv(16) or t(16;16) t(6;9) t(3;3)/inv(3q) 11p15 rearrangement
<input type="checkbox"/> 7060	Burkitt Panel	IGH/MYC/CEP8 MYC	t(8;14) 8q24 rearrangement
<input type="checkbox"/> 7100	CLL/SLL Panel * Reflexing may include: IGH break-apart and/or BCL3 break-apart when relevant.	IGH/CCND1 ATM TP53 D13S519/13q34 CEP12 6q21,6q23 (MYB)	t(11;14) ATM deletion TP53 deletion -13/13q deletion +12 6q deletion
<input type="checkbox"/> 7190	HES/CMML/MPN Panel	FIP1L1/CHIC2/PDGFRB PDGFRB FGFR1 BCR/ABL + ASS D7S486/CEP7 CEP8 ETV6 JAK2	CHIC2 deletion (FIP1L1/PDGFRB fusion) 5q23 rearrangement 8p12 rearrangement t(9;22) -7/7q deletion +8 12p13 rearrangement 9p24 rearrangement
<input type="checkbox"/> 7450	Diffuse Large B-cell Lymphoma Panel * Reflexing may include: IGH, IGK, and/or IGL break-apart when relevant.	IGH/MYC IGH/BCL2 MYC BCL6	t(8;14) t(14;18) 8q24 rearrangement 3q27 rearrangement

## FISH Panels

Code	Test Name	Probes	Chromosome Abnormalities
<input type="checkbox"/> 7210	Fanconi Anemia Panel	1p/1q BCL6 /CEP3 CEP8 D7S486/CEP 7 D20S108/20qtel EGR1/5q33/5p15.2 MLL TP53/CEP7	gain of 1q gain of 3q +8 -7/7q deletion -20/20q deletion -5/5q deletion 11q23 rearrangement TP53 deletion
<input type="checkbox"/> 7270	Glioma Panel	1p36, 1q25 19q13, 19p13 EGFR, CEP7 PTEN, CEP10	deletion 1p deletion 19q EGFR amplification Deletion 10q, monosomy 10
<input type="checkbox"/> 7454	Marginal Zone Lymphoma Panel * Reflexing may include: BIRC3/MALT1, IGH/MALT1, FOXP1, and/or BCL10 when relevant.	BCL6/CEP3 CEP7/CEP18 IGH MALT1	3q27 rearrangement and +3 +18 14q32 rearrangement 18q21 rearrangement
<input type="checkbox"/> 7520	Multiple Myeloma Panel* * FISH performed on CD138+ sorted cells; sorting done in our lab. Reflex testing may include IGH/MYC, IGH/FGFR3, IGH/MAFB, IGH/MAF, IGH/CCND3, IGK, IGL, and/or RBI /D13S319/ LAMPI when relevant.	TP53 MYC (8q24) IGH (14q32) IGH/CCND1 CDKN2C/ CKS1B CEP3 5p15/15q22	TP53 deletion 8q24 rearrangement and/or amplification 14q32 rearrangement t(11;14) 1p33 deletion/ 1q21 amplification +3 +5, +15 (hyperdiploidy)
<input type="checkbox"/> 7500	MDS Panel	EGR1/5q33/5p15.2 D7S486/CEP7 CEP8 D20S108/20qtel MLL TP53 MECOM/RPN1	-5/5q deletion -7/7q deletion +8 -20/20q deletion 11q23 rearrangement TP53 deletion t(3;3)/inv (3q)
<input type="checkbox"/> 7600	GeneTrails® NSCLC Panel	ALK (2p23) C-MET/CEP7 (7q31.2) RET (10q11.2) ROS1 (6q22)	ALK rearrangement MET amplification RET rearrangement ROS1 rearrangement

## FISH Assays

Code	Test Name	Code	Test Name	Code	Test Name
<input type="checkbox"/> 8274	1p36/1q25, 19p13/19q13	<input type="checkbox"/> 8127	D13S319 (13q14.3)/13q34	<input type="checkbox"/> 8341	IGH/MALT1 t(14;18)
<input type="checkbox"/> 8546	1p36/1q25	<input type="checkbox"/> 8129	D20S108 (20q12)/ 20q tel	<input type="checkbox"/> 8342	IGH/MYC t(8;14)
<input type="checkbox"/> 8019	ALK - (2p23)	<input type="checkbox"/> 8022	5p15/15q22	<input type="checkbox"/> 8490	MALT1 (18q21)
<input type="checkbox"/> 8027	ATM (11q22.3)	<input type="checkbox"/> 8130	D7S486 (7q31)/CEN7	<input type="checkbox"/> 8498	MDM2 (12q15)/CEN 12
<input type="checkbox"/> 8040	BCL2 (18q21.3)	<input type="checkbox"/> 8092	DDIT3 (12q13) (aka CHOP)	<input type="checkbox"/>	MLL1(19p13.3)
<input type="checkbox"/> 8050	BCL6 (3q27)	<input type="checkbox"/> 8180	EGFR (7p12)/CEN7	<input type="checkbox"/> 8503	MLL (11q23.3)
<input type="checkbox"/> 7040	BCR/ABL +/- ASS t(9;22)	<input type="checkbox"/> 8182	EGR1 (5q31.1)/5q33/5p15.2	<input type="checkbox"/> 8670	MYB (6q23)/6q21/CEN6
<input type="checkbox"/> 8025	BIRC3/MALT1 t(11;18)	<input type="checkbox"/> 8300	ERBB2 (17q12-q12) (HER2/neu)	<input type="checkbox"/> 8795	ETV6 (12p13)
<input type="checkbox"/> 7400	BRAF (7q34)	<input type="checkbox"/>	CEP 3	<input type="checkbox"/> 8500	C-MET/CEP7 (7q31.2)

**FISH Assays**

<b>Code</b>	<b>Test Name</b>	<b>Code</b>	<b>Test Name</b>	<b>Code</b>	<b>Test Name</b>
<input type="checkbox"/>	8075 CBFβ/MYH11 (16q22) inv(16)/t(16;16)	<input type="checkbox"/>	8794 ETV6/RUNX1 t(12;21) (aka TEL/AML1)	<input type="checkbox"/>	8580 N-MYC (2p24)
<input type="checkbox"/>	8115 CCND1 (11q13)	<input type="checkbox"/>	8200 EWSR1 (22q12.2)	<input type="checkbox"/>	8625 PDGFRβ (5q33.1)
<input type="checkbox"/>	8615 CDKN2A (9p21)/CEN9	<input type="checkbox"/>	8218 FGFR1 (8p21)	<input type="checkbox"/>	8636 PML/RARA t(15;17)
<input type="checkbox"/>	8091 CEP12	<input type="checkbox"/>	19p13/19q13	<input type="checkbox"/>	8642 PTEN (10q23)/CEN10
<input type="checkbox"/>	8021 CEN4/CEN10/CEN17	<input type="checkbox"/>	8219 FGFR1/CEP 8 amp	<input type="checkbox"/>	8692 RB1 (13q14)/D13S319 (13q14.3)/LAMP1 (13q34)
<input type="checkbox"/>	8087 CEP8	<input type="checkbox"/>	8230 FOXO1 (13q14.11)	<input type="checkbox"/>	DEK/NUP214 t(6;9)
<input type="checkbox"/>	8080 CEP X/CEP Y	<input type="checkbox"/>	8250 FUS (16p11.2)	<input type="checkbox"/>	8700 RET (10q11.2)
<input type="checkbox"/>	8090 CHIC2 (4q11)	<input type="checkbox"/>	7359 IGH (14q32)	<input type="checkbox"/>	8720 ROS1 (6q22)
<input type="checkbox"/>	8100 COL1A/PDGFRβ t(17;22)	<input type="checkbox"/>	7360 IGH/BCL2 t(14;18)	<input type="checkbox"/>	8020 RUNX1/RUNX1T1 (aka AML/ETO) t(8;21)
<input type="checkbox"/>	BCL3 (19q13.3)	<input type="checkbox"/>	7090 IGH/CCND1 t(11;14)	<input type="checkbox"/>	MECOM/RPN1 inv (3)
<input type="checkbox"/>	CKS1B(1q21)/CDKN2C(1p32)	<input type="checkbox"/>	8338 IGH/FGFR3 t(4;14)	<input type="checkbox"/>	8175 TCF3 (19p13.3) (aka E2A)
<input type="checkbox"/>	8140 TRA/D (14q11.1-11.2)	<input type="checkbox"/>	8340 IGH/MAF t(14;16)	<input type="checkbox"/>	8618 TP53 (17p13)/CEN17
<input type="checkbox"/>	MYC (8q24)	<input type="checkbox"/>	IGL (22q11.2)	<input type="checkbox"/>	TCL1 (14q32)
<input type="checkbox"/>	MYC/CEP8	<input type="checkbox"/>	EV11 (3q26)	<input type="checkbox"/>	IGH/MAFB t(14;20)
<input type="checkbox"/>	RUNX1 (21q22.1)	<input type="checkbox"/>	JAK2 (9p24)	<input type="checkbox"/>	IGH/CCND3 t(6;14)
<input type="checkbox"/>	NUP98 (11p15.4)	<input type="checkbox"/>	FOXP1 (3p13)	<input type="checkbox"/>	RARA (17q12-21)
<input type="checkbox"/>	MLLT3/MLL t(9;11)	<input type="checkbox"/>	BCL10 (1p22.3)	<input type="checkbox"/>	SS18 (aka SYT) (18q11.2)
<input type="checkbox"/>	IGK (2p11.2)	<input type="checkbox"/>	AFF1 (4q21.3)		