



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 Name

Physician Phone Fax
 Physician Phone Fax

Billing Information - Select One Billing Method

Billing is done in accordance with the information provided below and OHSU policy. Appropriate areas must be completed or referring laboratory/physician will be billed.

Self Pay

Bill Insurance

Attach Copy of Insurance Card or Billing Face Sheet

Bill Referring Provider or Institution

Invoice will be sent to Client Account and Address Listed Above

Primary Insurance Name
 Primary Policy #
 Primary Group #
 Preauthorization #
 Relation to Insured Medicaid Medicare
 Self Child Spouse Other

Secondary Insurance Name
 Secondary Policy #
 Secondary Group #
 Preauthorization #
 Relation to Insured Medicaid Medicare
 Self Child Spouse Other

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

Code	Test Name
<input type="checkbox"/> 6810	Solid Tissue Tumor: Full Study Tissue Type:
<input type="checkbox"/> 6750	Solid Tissue / Spleen

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

Oncology Microarray

Code	Test Name
<input type="checkbox"/> 6515	Oncology Microarray - Targeted Gene and Region Panel

FISH Panels

Code	Test Name	Probes	Chromosome Abnormalities
<input type="checkbox"/> 7010	B-ALL Panel *Reflexing may include: MLLT3/MLL, AFF1, MLL/MLLT1, CRLF2, and/ or IL3	ETV6/RUNX1 BCR/ABL + ASS MLL CEP4/CEP10/ CEP17 E2A IGH CDKN2A (p16) / CEP9 ETV6 break apart	t(12;21) (aka TEL/AML1) t(9;22) 11q23 rearrangement +4, +10, and +17 19p13.3 rearrangement 14q32 rearrangement 9p21 deletion 12p13 rearrangement
<input type="checkbox"/>	T-ALL Panel *Reflexing may include: MLLT3/MLL, AFF1, and/or MLL/MLLT1 when relevant.	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, MLL/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 GATA2/MECOM NUP98 ETV6 break apart	-5/5q deletion -7/7q deletion 11q23 rearrangement t(9;22) t(15;17) t(8;21) inv(16)/ t(16;16) t(6;9) t(3;3)/inv(3q) 11p15 rearrangement 12p13 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 D13S319/13q34 CEP12 6q21,6q23 (MYB)	t(11;14) ATM deletion TP53 deletion -13/13q deletion +12 6q deletion
<input type="checkbox"/> 7450	Diffuse Large B-cell Lymphoma Panel *Reflexing may include: IGH, IGK, and/or IGL break-apart when rele- vant.	IGH/MYC IGH/BCL2 MYC BCL6	t(8;14) t(14;18) 8q24 rearrangement 3q27 rearrangement
<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

FISH Panels

Code	Test Name	Probes	Chromosome Abnormalities
<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"/> 7190	HES/CMML/MPN Panel	FIP1L1/CHIC2/PDGFR PDGFRB FGFR1 BCR/ABL + ASS D75486/CEP7 CEP8 ETV6 JAK2	CHIC2 deletion (FIP1L1/PDGFR fusion) 5q23 rearrangement 8p12 rearrangement t(9;22) -7/7q deletion +8 12p13 rearrangement 9p24 rearrangement
<input type="checkbox"/> 7454	Marginal Zone Lymphoma Panel *Reflexing may include: BIRC3/MALT1, IGH/MALT1, FOXP1, and/or BCL10 when relevant.	BCL6/CEP3 MALT1 IGH CEP7/CEP18	3q27 rearrangement and +3 18q21 rearrangement 14q32 rearrangement +18
<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 5p12/15q22 CEP3	TP53 deletion 8q24 rearrangement and/or amplification 14q32 rearrangement t(11;14) 1p33 deletion/ 1q21 amplification +5, +15 (hyperdiploidy) +3
<input type="checkbox"/> 7500	MDS Panel *Reflexing may include: MLLT3/MLL, AFF1 and/or MLL/MLLT1 when relevant.	EGR1/5q33/5p15.2 D75486/CEP7 CEP8 D20S108/20qtel MLL TP53 GATA2/MECOM	-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"/>	19p13/19q13	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/> 8546	1p36/1q25	<input type="checkbox"/> 8274	1p36/1q25, 19p13/19q13	<input type="checkbox"/>	ABL1 (9q34)
<input type="checkbox"/>	ABL2 (1q25.2)	<input type="checkbox"/>	AFF1 (4q21.3)	<input type="checkbox"/> 8019	ALK - (2p23)
<input type="checkbox"/> 8027	ATM (11q22.3)	<input type="checkbox"/> 8040	BCL2 (18q21.3)	<input type="checkbox"/>	BCL3 (19q13.3)
<input type="checkbox"/> 8050	BCL6 (3q27)	<input type="checkbox"/>	BCL10 (1p22.3)	<input type="checkbox"/> 7040	BCR/ABL +/- ASS t(9;22)
<input type="checkbox"/> 8025	BIRC3/MALT1 t(11;18)	<input type="checkbox"/> 7400	BRAF (7q34)	<input type="checkbox"/>	CBFB/MYH11 inv(16)/t(16;16)
<input type="checkbox"/> 8115	CCND1 (11q13)	<input type="checkbox"/> 8615	CDKN2A (9p21)/CEN9	<input type="checkbox"/> 8021	CEN4/CEN10/CEN17
<input type="checkbox"/> 8080	CEP X/CEP Y	<input type="checkbox"/>	CEP3	<input type="checkbox"/> 8087	CEP8
<input type="checkbox"/> 8091	CEP12	<input type="checkbox"/> 8090	CHIC2/FIP1L1/PDGFR (4q11)	<input type="checkbox"/>	CKS1B(1q21)/CDKN2C(1p32)
<input type="checkbox"/> 8500	C-MET/CEP7 (7q31.2)	<input type="checkbox"/> 8100	COL1A/PDGFR t(17;22)	<input type="checkbox"/>	CRLF2 (Xp22.33/Yp11.32)
<input type="checkbox"/> 8127	D13S319 (13q14.3)/13q34	<input type="checkbox"/> 8129	D20S108 (20q12)/ 20qtel	<input type="checkbox"/> 8022	5p15/15q22
<input type="checkbox"/> 8130	D75486 (7q31)/CEN7	<input type="checkbox"/> 8092	DDIT3 (12q13) (aka CHOP)	<input type="checkbox"/>	DEK/NUP214 t(6;9)
<input type="checkbox"/>	E2A/PBX1 t(1;19)	<input type="checkbox"/> 8180	EGFR (7p12)/CEN7	<input type="checkbox"/> 8182	EGR1 (5q31.1)/5q33/5p15.2

FISH Assays

Code	Test Name	Code	Test Name	Code	Test Name
<input type="checkbox"/>	8300 ERBB2 (17q12-q12) (HER2/neu)	<input type="checkbox"/>	8795 ETV6 (12p13)	<input type="checkbox"/>	8794 ETV6/RUNX1 t(12;21) (aka TEL.AML1)
<input type="checkbox"/>	EVI1 (3q26)	<input type="checkbox"/>	8200 EWSR1 (22q12.2)	<input type="checkbox"/>	8218 FGFR1 (8p21)
<input type="checkbox"/>	8219 FGFR1/CEP 8 amp	<input type="checkbox"/>	8230 FOXO1 (13q14.11)	<input type="checkbox"/>	FOXP1 (3p13)
<input type="checkbox"/>	8250 FUS (16p11.2)	<input type="checkbox"/>	7359 IGH (14q32)	<input type="checkbox"/>	7360 IGH/BCL2 t(14;18)
<input type="checkbox"/>	7090 IGH/CCND1 t(11;14)	<input type="checkbox"/>	IGH/CCND3 t(6;14)	<input type="checkbox"/>	8338 IGH/FGFR3 t(4;14)
<input type="checkbox"/>	8340 IGH/MAF t(14;16)	<input type="checkbox"/>	IGH/MAFB t(14;20)	<input type="checkbox"/>	8341 IGH/MALT1 t(14;18)
<input type="checkbox"/>	8342 IGH/MYC t(8;14)	<input type="checkbox"/>	IGK (2p11.2)	<input type="checkbox"/>	IGL (22q11.2)
<input type="checkbox"/>	IL3 (5q31.1)	<input type="checkbox"/>	JAK2 (9p24)	<input type="checkbox"/>	8490 MALT1 (18q21)
<input type="checkbox"/>	8498 MDM2 (12q15)/CEN12	<input type="checkbox"/>	GATA2/MECOM inv(3)/t(3;3)	<input type="checkbox"/>	8053 MLL (11q23.3)
<input type="checkbox"/>	MLL/MLLT1 t(11;19)	<input type="checkbox"/>	MLLT3/MLL t(9;11)	<input type="checkbox"/>	8670 MYB (6q23)/6q21/CEN6
<input type="checkbox"/>	MYC (8q24)	<input type="checkbox"/>	MYC/CEP8	<input type="checkbox"/>	8580 N-MYC (2p24)
<input type="checkbox"/>	NUP98 (11p15.4)	<input type="checkbox"/>	8625 PDGFRB (5q33.1)	<input type="checkbox"/>	8636 PML/RARA t(15;17)
<input type="checkbox"/>	8642 PTEN (10q23)/CEN10	<input type="checkbox"/>	RARA (17q12-21)	<input type="checkbox"/>	RB1 (13q14)/D13S319 (13q14.3)/LAMP1 (13q34)
<input type="checkbox"/>	8700 RET (10q11.2)	<input type="checkbox"/>	8720 ROS1 (6q22)	<input type="checkbox"/>	RUNX1 (21q22.1)
<input type="checkbox"/>	8020 RUNX1/RUNX1T1 (aka AML/ETO) t(8;21)	<input type="checkbox"/>	SS18 (aka SYT) (18q11.2)	<input type="checkbox"/>	8175 TCF3 (19p13.3) (aka E2A)
<input type="checkbox"/>	TCL1 (14q32)	<input type="checkbox"/>	8618 TP53 (17p13)/CEN17	<input type="checkbox"/>	8140 TRA/D (14q11.1-11.2)