



Knight Diagnostic Laboratories

Fax: (855) 535-1329
 Email: KDLClientServices@ohsu.edu
 Shipping: 2525 SW 3rd Ave, Ste 350, Portland, OR 97201
 Questions? (855) 535-1522

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

Self Pay **Bill Insurance**
 Attach Copy of Insurance Card or Billing Face Sheet

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

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.

Bill Referring Provider or Institution
 Invoice will be sent to Client Account and Address Listed Above

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)

REQUIRED: Reason for Referral

Previous BMT Yes No

Donor Sex _____ Date of Transplant _____

Chromosome Studies*

Code	Test Name	Code	Test Name
<input type="checkbox"/>	6066 Bone Marrow Chromosome Analysis	<input type="checkbox"/>	N/A Cytogenetics Hem/Onc Blood Process and Hold
<input type="checkbox"/>	6300 Hem/Onc Blood Chromosome Analysis	<input type="checkbox"/>	N/A Cytogenetics Bone Marrow Process and Hold
<input type="checkbox"/>	6460 Solid Tissue / Lymph Node	<input type="checkbox"/>	N/A Cytogenetics Solid Tumor Process and Hold
<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.

Oncology Microarray

Code	Test Name
<input type="checkbox"/>	6527 Genome-Wide DNA Methylation Array (Glioma classification and includes chromosomal copy number)
<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

FISH Panels

Code	Test Name	Probes	Chromosome Abnormalities
<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 relevant.	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
<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 D7S486/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

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

FISH Assays

Code	Test Name	Code	Test Name	Code	Test Name
<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/FIPIL1/PDGFR A (4q11)	<input type="checkbox"/>	CKS1B(1q21)/CDKN2C(1p32)
<input type="checkbox"/>	8500 C-MET/CEP7 (7q31.2)	<input type="checkbox"/>	8100 COL1A/PDGFB 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 D7S486 (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
<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)

Result Release

Results will be immediately available to the patient unless you mark the box below

Do not release (I reasonably believe that an Information Blocking exception applies)

Comments / Requests: