



Knight Diagnostic Laboratories

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Cytogenetics Oncology Requisition

Patient Information

Patient Last Name

Patient First 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

Bill Referring Provider or Institution

Invoice will be sent to Client Account and Address Listed Above

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.

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

Segs _____

Eos _____

Lymph _____

Bands _____

Baso _____

Mono _____

Other _____

Date of Specimen Collection

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.

REQUIRED: Reason for Referral

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"/>	8178 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/PDGFB (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)/NF1 (17q11.2)	<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: