



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 Healthcare Provider 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:

Healthcare Provider Name

Provider Phone Fax

Healthcare Provider Name

Provider Phone Fax

Billing Information - Select One Billing Method

Self Pay

Bill Insurance

Attach Copy of Insurance Card or Billing Face Sheet

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

Primary Insurance Name

Secondary Insurance Name

Primary Policy #

Secondary Policy #

Primary Group #

Secondary Group #

Preauthorization #

Preauthorization #

Relation to Insured Medicaid Medicare
Self Child Spouse Other

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
☐ 6066	Bone Marrow Chromosome Analysis	☐ N/A	Cytogenetics Hem/Onc Blood Process and Hold
☐ 6300	Hem/Onc Blood Chromosome Analysis	☐ N/A	Cytogenetics Bone Marrow Process and Hold
☐ 6460	Solid Tissue / Lymph Node	☐ N/A	Cytogenetics Solid Tumor Process and Hold
☐ 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
☐ 6527	Genome-Wide DNA Methylation Array (Glioma classification and includes chromosomal copy number)
☐ 6515	Oncology Microarray - Targeted Gene and Region Panel

FISH Panels

Code	Test Name	Probes	Chromosome Abnormalities
☐ 7010	B-ALL Panel *Reflexing may include: MLLT3/MLL, AFF1, MLL/MLLT1, ETV6 break apart, and/or IL3	ETV6/RUNX1 BCR/ABL + ASS MLL Wolf-Hirschhorn(4p16.3)/4q12)/CEP(10) E2A IGH CDKN2A (p16) / CEP9 CRLF2	t(12;21) (aka TEL/AML1) t(9;22) 11q23 rearrangement +4 and +10 19p13.3 rearrangement 14q32 rearrangement 9p21 deletion Xp22.33/Yp11.32 rearrangement
☐ 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
☐ 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 break apart BCR/ABL + ASS PML/RARA RUNXIT1/RUNX1 CBFB/MYH11 DEK/NUP214 GATA2/MECOM NUP98 break apart TP53/NF1	-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
☐ 8022	AML/MDS Panel *Reflexing may include: MLLT3/MLL, AFF1, MLL/MLLT1, and/or RUNX1 break-apart when relevant.	EGR1/5q33/5p15.2 D7S486/CEP7 MLL break apart BCR/ABL + ASS PML/RARA RUNXIT1/RUNX1 CBFB/MYH11 DEK/NUP214 GATA2/MECOM NUP98 break apart D20S108/20qtel CEP 8 TP53/NF1	-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 -20/20q deletion +8 TP53 deletion

FISH Panels

Code	Test Name	Probes	Chromosome Abnormalities
☐ 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
☐ 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 IRF4	t(8;14) t(14;18) 8q24 rearrangement 3q27 rearrangement 6p25 rearrangement.
☐ 7210	Fanconi Anemia Panel	1p/1q BCL6 /CEP3 CEP8 D7S486/CEP 7 D20S108/20qtel EGR1/5q33/5p15.2 MLL TP53/NF1	gain of 1q gain of 3q +8 -7/7q deletion -20/20q deletion -5/5q deletion 11q23 rearrangement TP53 deletion
☐ 7270	Glioma Panel	1p36, 1q25 19q13, 19p13 EGFR, CEP7 PTEN, CEP10	deletion 1p deletion 19q EGFR amplification Deletion 10q, monosomy 10
☐ 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
☐ 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
☐ 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.	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
☐ 7500	MDS Panel *Reflexing may include: MLLT3/MLL, AFF1 and/or MLL/MLLT1 when relevant.	EGR1/5q33/5p15.2 D7S486/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)
☐ 7600	NSCLC FISH Panel (ALK, ROS1, MET)	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
☐	19p13/19q13	☐		☐	
☐ 8546	1p36/1q25	☐ 8274	1p36/1q25, 19p13/19q13	☐	ABL1 (9q34)
☐	ABL2 (1q25.2)	☐	AFF1 (4q21.3)	☐ 8019	ALK - (2p23)
☐ 8027	ATM (11q22.3)	☐ 8040	BCL2 (18q21.3)	☐	BCL3 (19q13.3)
☐ 8050	BCL6 (3q27)	☐	BCL10 (1p22.3)	☐ 7040	BCR/ABL +/- ASS t(9;22)
☐ 8025	BIRC3/MALT1 t(11;18)	☐ 7400	BRAF (7q34)	☐	CBFB/MYH11 inv(16)/t(16;16)
☐ 8115	CCND1 (11q13)	☐ 8615	CDKN2A (9p21)/CEN9	☐ 8021	CEN4/CEN10/CEN17
☐ 8080	CEP X/CEP Y	☐	CEP3	☐ 8087	CEP8
☐ 8091	CEP12	☐ 8090	CHIC2/FIPIL1/PDGFRA (4q12)	☐	CKS1B(1q21)/CDKN2C(1p32)
☐ 8500	C-MET/CEP7 (7q31.2)	☐ 8100	COL1A/PDGF t(17;22)	☐	CRLF2 (Xp22.33/Yp11.32)
☐ 8127	D13S319 (13q14.3)/13q34	☐ 8129	D20S108 (20q12)/ 20qtel	☐ 8022	5p15/15q22
☐ 8130	D7S486 (7q31)/CEN7	☐ 8092	DDIT3 (12q13) (aka CHOP)	☐	DEK/NUP214 t(6;9)
☐	E2A/PBX1 t(1;19)	☐ 8180	EGFR (7p12)/CEN7	☐ 8182	EGR1 (5q31.1)/5q33/5p15.2
☐ 8300	ERBB2 (17q12-q12) (HER2/neu)	☐ 8795	ETV6 (12p13)	☐ 8794	ETV6/RUNX1 t(12;21) (aka TEL. AML1)
☐	EVI1 (3q26)	☐ 8200	EWSR1 (22q12.2)	☐ 8218	FGFR1 (8p21)
☐ 8219	FGFR1/CEP 8 amp	☐ 8230	FOXO1 (13q14.11)	☐	FOXP1 (3p13)
☐ 8250	FUS (16p11.2)	☐ 7359	IGH (14q32)	☐ 7360	IGH/BCL2 t(14;18)
☐ 7090	IGH/CCND1 t(11;14)	☐	IGH/CCND3 t(6;14)	☐ 8338	IGH/FGFR3 t(4;14)
☐ 8340	IGH/MAF t(14;16)	☐	IGH/MAFB t(14;20)	☐ 8341	IGH/MALT1 t(14;18)
☐ 8342	IGH/MYC t(8;14)	☐	IGK (2p11.2)	☐	IGL (22q11.2)
☐	IL3 (5q31.1)	☐	IRF4 (6p25)	☐	JAK2 (9p24)
☐ 8490	MALT1 (18q21)	☐		☐	
☐ 8498	MDM2 (12q15)/CEN12	☐	GATA2/MECOM inv(3)/t(3;3)	☐ 8053	MLL (11q23.3)
☐	MLL/MLLT1 t(11;19)	☐	MLLT3/MLL t(9;11)	☐ 8670	MYB (6q23)/6q21/CEN6
☐	MYC (8q24)	☐	MYC/CEP8	☐ 8580	N-MYC (2p24)
☐	NUP98 (11p15.4)	☐ 8625	PDGFRB (5q33.1)	☐ 8636	PML/RARA t(15;17)
☐ 8642	PTEN (10q23)/CEN10	☐	RARA (17q12-21)	☐	RB1 (13q14)/D13S319 (13q14.3)/LAMP1 (13q34)
☐ 8700	RET (10q11.2)	☐ 8720	ROS1 (6q22)	☐	RUNX1 (21q22.1)
☐ 8020	RUNX1/RUNX1T1 (aka AML/ETO) t(8;21)	☐	SS18 (aka SYT) (18q11.2)	☐ 8175	TCF3 (19p13.3) (aka E2A)
☐	TCL1 (14q32)	☐ 8618	TP53 (17p13)/NF1 (17q11.2)	☐ 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: