Genetics and Flow Cytometry Laboratories

Cytogenetics, Flow Cytometry and Molecular Pathology

Mary Hitchcock Memorial Hospital
One Medical Center Dr., Lebanon, NH 03756
(603) 650-2200

All Fields Are Required Including DX Code(s)

MRN#: LOCATION:

NAME:

DOB: SEX:

COLLECTION DATE & TIME:

Ordering Provider: #:

Billing Provider: #:

Visit # (if available):

Patient ID Confirmed and Specimen Collected By:

Inherited / Congenital Disorders - Cytogenetics and Molecular Pathology

Blood: 5-10 mL by venipuncture only at Room Temperature. No heel sticks.

- ☐ Chromosome Analysis/Karyotype (sodium heparin)
- ☐ FISH (sodium heparin) **Specify probe or disease:** _____
- ☐ Chromosome Analysis for Mosaicism (sodium heparin)
  Must specify: _____
- ☐ Angelman's / Prader-Willi Syndrome by FISH (sodium heparin)
- ☐ Angelman's / Prader-Willi Syndrome by Methylation (ACD or EDTA to Mailouts)
- ☐ Fragile X (ACD to Mailouts)
- ☐ Factor 5 Leiden (EDTA, ACD or Citrate)
- ☐ Hemochromatosis (EDTA or ACD)
- ☐ Prothrombin (EDTA, ACD or Citrate)
- ☐ MTHFR - methylene tetrahydrofolate reductase mutation (EDTA, ACD or Citrate)
- ☐ Cystic Fibrosis (**Consent Form**, and EDTA or ACD)
- ☐ UGT1A1 - UGT Polymorphism (EDTA or ACD)
- ☐ DNA Archive (**Consent Form**, and EDTA or ACD)

Tissue: Biopsy, Fetal Tissue, POC specimen obtained under STERILE conditions using alcohol (NOT iodine) based prep, refrigerated at 4°C (not frozen) in RPMI media, McCoy's media,Ringer's Lactate or saline (in order of decreasing preference).*No Formalin*

Specify Tissue Site or Source: _____

- ☐ Routine Chromosome Analysis/Karyotype
- ☐ FISH **Specify probe or disease:** _____
- ☐ Cryopreserve Fibroblasts for Future Testing
- ☐ Send out cells for reference lab testing - completed reference lab requisition(s) required

Amniotic Fluid: 2-3 STERILE tubes (approximately 20 mL total) of fluid at room temperature.

GA =_____ by US on / /

- ☐ Routine Chromosome Analysis/Karyotype
- ☐ Save/Hold Cells for Future Testing **Specify**:_____
- ☐ FISH - Aneupoidy for 13, 18, 21, X and Y
- ☐ FISH **Specify probe or disease:** _____

Other Congenital Disease Testing

Hematological and Acquired Disorders - Cytogenetics and Molecular Pathology

Blood: 5-10 mL by venipuncture only at Room Temperature.

- ☐ Chromosome Analysis/Karyotype (sodium heparin)
- ☐ FISH (sodium heparin) **Specify probe:**_____
- ☐ FISH for BCR/ABL (detects p210 and p190) (sodium heparin)
- ☐ RT PCR for BCR/ABL p210 (EDTA or ACD) - **CALL LAB x5-8257**
  RT PCR p210 specimens arriving after 4pm on Friday thru Sunday need to be refrigerated
- ☐ RT PCR for BCR/ABL p190 (EDTA or ACD to Mailouts)
- ☐ B and/or T Cell Gene Rearrangement (EDTA or ACD)
- ☐ BCL-2 (PCR) for t(14;18) (EDTA or ACD)
- ☐ Chimerism (EDTA only) - **CALL LAB x5-8257**
- ☐ PML/RARA by FISH (sodium heparin) - **CALL LAB x5-7761**
- ☐ PML/RARA by RT PCR (EDTA or ACD to Mailouts)
- ☐ Jak2 Mutation (EDTA or ACD)

Tumor: Specimen obtained under STERILE conditions using alcohol (NOT iodine) based prep, refrigerated at 4°C(not frozen) in RPMI media, McCoy's media, Ringer's Lactate or saline (in order of decreasing preference). *No Formalin*

Specify Tissue Site or Source: _____

- ☐ Routine Chromosome Analysis/Karyotype
- ☐ FISH **Specify probe or disease:** _____
- ☐ Cryopreserve Cells for Future Testing

Flow Cytometry

Blood: 5-10 mL in EDTA, hold at Room Temperature

- ☐ Surface marker immunophenotyping by flow cytometry (indicate diagnosis code below)

Other Hematological or Acquired Disease Testing

DIAGNOSIS CODES- check at least one diagnosis associated with the reason you ordered the test(s) ***REQUIRED***

If Multiple Diagnoses, please # them in order from highest severity to the lowest.

Congenital / Pre-Natal

- ☐ Abnormal antenatal screen 796.5
- ☐ Abnormality on Ultrasound 793.99
- ☐ Advanced maternal age, primipara v23.81
- ☐ Advanced maternal age, multipara v23.82
- ☐ Amennorrhea 626.0
- ☐ Angelman's Syndrome 759.89
- ☐ Azoospermia 606.0
- ☐ Autism disorder, current state 299.00
- ☐ Chromosome screen by amniocentesis v28.0
- ☐ Congenital Anomaly - Unspecified 759.89
- ☐ Convulsions, other 780.39
- ☐ Cystic Fibrosis 277.00
- ☐ Degenerative neurological disease 349.89
- ☐ Developmental Delay 783.42
- ☐ DiGeorge Syndrome 279.11
- ☐ Disorders of iron metabolism 275.0
- ☐ Disorder of metabolism, unspecified 277.9
- ☐ Down's Syndrome 758.0
- ☐ Dz of sulfur-bearing amnio acid metabolism 270.4
- ☐ Epilepsy, unspecified 345.9
- ☐ Failure to thrive 783.41
- ☐ Fam. hx of genetic disorder v18.9
- ☐ Fam. hx hereditary dz, fetus poss. affected 655.33
- ☐ Fetal CNS malformation 655.03
- ☐ Fragile X 759.83
- ☐ Genetic testing, carrier status Fv26.31/Mv26.34
- ☐ Genetic testing, other Fv26.32 / Mv26.39
- ☐ Habitual aborter, pregnant 646.33
- ☐ Habitual aborter, not pregnant 629.81
- ☐ Hypotonia 781.3
- ☐ IUFD - Unspecified 656.40
- ☐ Klinefelters 758.7
- ☐ Male Infertility - Unspecified 606.9
- ☐ Male partner of a habitual aborter V26.35
- ☐ Miller-Dieker Syndrome 758.33
- ☐ Missed AB 632.
- ☐ Multiple Congenital Anomalies 759.7
- ☐ Noonan's Syndrome 759.89
- ☐ Oligospermia 606.1
- ☐ Other dz. of blood and bld-forming organs 289.89
- ☐ Other fetal abnormality 655.83
- ☐ Other genetic syndromes 759.89
- ☐ Polyhydramnios 657.03
- ☐ Prader-Willi Syndrome 759.81
- ☐ Short Stature 783.43
- ☐ Spontaneous AB 634.90
- ☐ Trisomy 13 758.1
- ☐ Trisomy 18 758.2
- ☐ Turner's Syndrome 758.6
- ☐ Other: _____

Acquired

- ☐ Acute Leukemia - unspecified 208.00
- ☐ ALL 204.00
- ☐ AML 205.00
- ☐ APL 205.00
- ☐ Anemia 285.9
- ☐ Aplastic Anemia 284.9
- ☐ Chronic Lymphocytic Leukemia (CLL) 204.10
- ☐ CML w/o remission 205.10
- ☐ CML with remission 205.11
- ☐ CTCL - Mycosis Fungoides 202.10-202.18
- ☐ CTCL - Sezary's disease 202.20-202.28
- ☐ Eosinophilia 288.3
- ☐ Follicular Lymphoma 202.00
- ☐ Hodgkin's Disease 201.90
- ☐ ITP 287.31
- ☐ Leukocytosis 288.60
- ☐ Leukopenia 288.50
- ☐ Lymphadenopathy 785.6
- ☐ Lymphocytosis 288.61
- ☐ Lymphoma - type:_____ 200. _ _
- ☐ Lymphoproliferative Disorder 238.79
- ☐ MDS 238.75
- ☐ Macrocytic Anemia 281.9
- ☐ Monoclonal Gammopathy 273.1
- ☐ Multiple Myeloma 203.00
- ☐ Myelodysplasia 238.75
- ☐ Myelofibrosis 289.83
- ☐ Plasmacytoma NOS / Myeloma(solitary) 238.6
- ☐ Myeloproliferative Disease 238.79
- ☐ NHL 202.80
- ☐ Neutropenia 288.00
- ☐ Pancytopenia 284.1
- ☐ Plasmacytosis 288.64
- ☐ PNH 283.2
- ☐ Polycythemia Vera 238.4
- ☐ Splenomegaly 789.2
- ☐ Thrombocythemia, essential 238.71
- ☐ Thrombocytopenia 287.5
- ☐ Thrombocytosis 238.71
- ☐ Other: _____