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:

Ordering Provider (print): #:

COLLECTION DATE & TIME:

Billing Provider (print): #:

Patient ID Confirmed and Specimen Collected By:

STUDY:

Visit # (if available):

Inherited / Congenital Disorders - Cytogenetics and Molecular Pathology

Blood: *5-10 mL by venipuncture (No heel sticks), Room temperature only.*

- Chromosome Analysis/Karyotype (sodium heparin)
- Constitutional FISH (sodium heparin) **Specify probe or disease:** _____
- Chromosome Analysis for Mosaicism (sodium heparin)
  - **Must specify:** _____
- Chromosmal Microarray (EDTA or ACD or Tissue)
- DPYD (EDTA or ACD)
- Fragile X (EDTA or ACD)
- Factor 5 Leiden (EDTA, ACD or Citrate)
- Hemochromatosis (EDTA or ACD)
- Prothrombin (EDTA, ACD or Citrate)
- Cystic Fibrosis (EDTA or ACD)
- Spinal Muscular Atrophy (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 (Villi/fetal skin preferred) 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.

- **Rapid FISH** for common anueploidies:
- Anuevysion FISH panel - Aneupoidy for 13, 18, 21, X and Y
- FISH specify subpanel probe from larger panel above: _____

Hematological and Acquired Disorders - Cytogenetics and Molecular Pathology

Bone marrow: *2-5 mL by venipuncture, Room temperature only.*

Leukemic Blood: *5-10 mL by venipuncture, Room temperature only.*

- 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**
- B and/or T Cell Gene Rearrangement (EDTA or ACD or Tissue)
- Chimerism (EDTA only) - **CALL LAB x5-8257**
- Jak2 Mutation (EDTA or ACD)
- Jak2 Mutation with Reflex to Myeloid Panel (EDTA or ACD)
- PML/RARA by FISH (sodium heparin) - **CALL LAB x5-7761**

Tumor: *Specimen obtained under STERILE conditions using alcohol (NOT iodine)*

Lymph Node: *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
- FFPE FISH for HER2, MDM2, EWSR1, ALK: Specify Probe _____

Flow Cytometry

Blood or Bone Marrow (*EDTA, room temp*), **Tissue** (*RPMI, refrigerated*), or **Fluid** (*Plastic container or tube, refrigerated*)

- Heme malignancy screen (✓*Dx code below*)
- CD19 & CD20 (Rituxan monitoring)
- CD4 & CD8 (BAL fluid)
- PNH flow cytometry (blood only)
- HLA B27 (blood only)
- Fetal RBC enumeration (blood only)

Lymphocyte subset testing, Blood:

- CD3/CD4
- CD3/CD4/CD8
- CD19
- CD16/CD56

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

- Abnormality on Ultrasound R93.8
- Advanced maternal age, primipara O09.511
- Advanced maternal age, multipara O09.521
- Amennorrhea N91.2
- Angelman's Syndrome Q93.51
- Antenatal screening, anomalies Z36.0
- Azoospermia N46.01
- Autism disorder F84.0
- Congenital Anomaly - Unspecified Q89.9
- Cystic Fibrosis E84.9
- Central nervous system malformation Q07.9
- Developmental Delay R62.0
- DiGeorge Syndrome D82.1
- Down's Syndrome Q90.2
- Epilepsy, unspecified G40.41
- Failure to thrive R62.51
- Fragile X Q99.2
- Habitual aborter, 1st trimester O26.21
- Habitual aborter, 2nd trimester O26.22
- IUFD - Unspecified O36.4XX0
- Klinefelters Q98.4
- Male Infertility - Unspecified N46.9
- Male partner of a habitual aborter Z31.441
- Miller-Dieker Syndrome Q93.88
- Missed AB O02.1
- Multiple Congenital Anomalies Q89.7
- Noonan's Syndrome Q87.1
- Oligospermia N46.11
- Other fetal abnormality O35.8XXO
- Polyhydramnios O40.1XXO
- Prader-Willi Syndrome Q87.1
- Short Stature R62.52
- Spontaneous AB 634.90
- Trisomy 13 Q91.7
- Trisomy 18 Q91.3
- Turner's Syndrome Q87.1
- Other: _____

Acquired

- Acute Leukemia - unspecified C95.00
- ALL C91.00
- AML 92.A
- APL C92.40
- Anemia D64.9
- Aplastic Anemia D61.9
- Chronic Lymphocytic Leukemia C91.10
- Chronic Leukemia, unspecified C95.0
- CML C93.1
- Eosinophilia D72.1
- Follicular Lymphoma C82
- Hodgkin's Disease C81.90
- ITP D69.3
- Leukocytosis D72.829
- Leukopenia D72.819
- Lymphadenopathy R59.9
- Lymphocytosis D72.820
- Lymphoproliferative Disorder D47.9
- Lymphoma - type: _____
- MDS D46.9
- Macrocytic Anemia D55
- Monoclonal Gammopathy D47.2
- Multiple Myeloma C90.00
- Myeloproliferative Disease D47.1
- NHL C85.80
- Neutropenia D70.9
- Pancytopenia D61.81
- Plasmacytosis C90.3
- Polycythemia Vera D45
- Splenomegaly R16.1
- Thrombocythemia, essential D47.3
- Thrombocytopenia D69.6
- Thrombocytosis D47.3
- Other: