Dr Lal PathLabs

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CHROMOSOME AND FISH ANALYSIS TEST REQUEST FORM

Lab No:

Date & Time: DD MM YYYY HH MM

PATIENT INFORMATION

Patient Last Name: First Name: Middle Initial:

Sex: Date of Birth: DD MM YYYY

REFERRED BY

Physician: Reporting centre:
Address: Address:

Phone Fax Phone Email

SIGNS, SYMPTOMS & PROVISIONAL DIAGNOSIS

Required for specimen processing (PLEASE DO NOT USE "RULE OUT")
Kindly provide provisional diagnosis as it would be helpful for clinical correlation
1.
2.
3.

SPECIMEN COLLECTION (Tick appropriate)

Date Collected	DD	MM	YYYY	Time		AM	PM

PRENATAL & TISSUE SPECIMENS

- Gestation by ultrasound on date specimen collected:
- LMP:

SPECIMEN TYPE

- ☐ Amniotic fluid
- ☐ Chorionic villus
- ☐ Percutaneous umbilical cord blood
- ☐ Products of conception
- ☐ Placenta
- ☐ Foetal tissue (specify):
- ☐ Skin biopsy
- ☐ Other (specify):

STUDIES REQUESTED

- ☐ Chromosome analysis
- ☐ Trisomy screen by FISH and chromosome analysis
- ☐ FISH for (specify):

CANCER SPECIMENS

- ☐ CML
- ☐ AML
- ☐ ALL
- ☐ Myeloma
- ☐ Myelodysplasia
- ☐ B-cell lymphoma
- ☐ T-cell lymphoma
- ☐ CLL
- ☐ Post-transplant:

Sex of Donor: ☐ Female ☐ Male

SPECIMEN TYPE

- ☐ Bone marrow aspirate
- ☐ Bone marrow core biopsy
- ☐ Peripheral blood
- ☐ Lymph node
- ☐ Solid tumour (source):
- ☐ Other (specify):

STUDIES REQUESTED

- ☐ Karyotyping
- ☐ FISH studies for:
  - ☐ BCR/ABL t(9;22)
  - ☐ PML/RARA t(15;17)
  - ☐ AML Panel
  - ☐ MDS Panel
  - ☐ MLL (11q23)
  - ☐ ALL Panel
  - ☐ CLL
  - ☐ Myeloma Panel
- ☐ Chimerism (for BMT patients)
- ☐ Screen for prior abnormal clone
- ☐ Other (specify):

- **Additional FISH studies available.**
- **Please call the laboratory.**

CONSTITUTIONAL BLOOD SPECIMENS

SPECIMEN TYPE

- ☐ Peripheral blood:
- ☐ Cord blood:
- ☐ Other (specify):

STUDIES REQUESTED

- ☐ High resolution chromosome analysis:
- ☐ Standard chromosome analysis:
- ☐ Standard trisomy screen by FISH and standard chromosome analysis:
- FISH for microdeletion syndrome:
  - ☐ Di-George syndrome
  - ☐ Prader-Willi syndrome
  - ☐ William syndrome
  - ☐ SRY gene deletion
- Parental follow-up for abnormal Karyotype of child

PATIENT SIGNATURE