

Name: Last: _____
 First: _____ MI: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Soc. Sec. No.: _____ Birthdate: _____ Sex: M F
 Please Bill To: Acct Patient / Insurance
 Subscriber's Name: _____
 Medicare # _____ Retirement date: _____
 Medicaid # _____
 Other/Secondary Insurance _____
 ID #s _____
 Address _____

580 W. College Avenue • Marquette, MI 49855
 (906) 225-3050 • 1-888-818-3879

Account Information:

Collection Time: _____ AM/PM
 DATE: _____
 Volume: _____ mL
 Duration: _____ Hrs

COMMENTS:

CYTOGENETIC SPECIMEN **NOTE: Bold Fields Required**

Clinical Diagnosis/reason for cytogenetics: _____

Specimen Source: Peripheral Blood (sodium heparin-green top) Lymph Node
 Bone Marrow (sodium heparin-green top) Other, specify: _____

<p>Oncology Information</p> <p>Disease: <input type="checkbox"/> Myeloid <input type="checkbox"/> Lymphoid: <input type="checkbox"/> B-Cell <input type="checkbox"/> T-Cell</p> <p>Status: <input type="checkbox"/> New Diagnosis <input type="checkbox"/> Relapse <input type="checkbox"/> Post-treatment <input type="checkbox"/> Remission</p> <p>Post BMT/SCT: <input type="checkbox"/> Autologous <input type="checkbox"/> Female donor <input type="checkbox"/> Male donor</p> <p><input type="checkbox"/> G-band Chromosome analysis <input type="checkbox"/> Fluorescence In Situ Hybridization (select below)</p>	<p>Constitutional/Congenital Studies</p> <p><input type="checkbox"/> STAT (all newborn bloods) <input type="checkbox"/> Routine Chromosome Study <input type="checkbox"/> High Resolution Study <input type="checkbox"/> Mosaic Study <input type="checkbox"/> FISH* <input type="checkbox"/> PWS/AS, 15q11.2-q12 <input type="checkbox"/> DiGeorge/VCF, 22q11.2 <input type="checkbox"/> Aneuploidy Detection</p> <p>Other, specify: _____</p> <p><small>*FISH is performed as an adjunct to chromosome analysis</small></p>	<p>Molecular Studies</p> <p><input type="checkbox"/> JAK-2 PCR <input type="checkbox"/> T cell receptor gene rearrangement <input type="checkbox"/> Fragile X <input type="checkbox"/> Thrombophilia Panel</p> <p>Other Please specify: _____ _____ _____</p>
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Oncology Studies (Check all that apply)

<p>ALL</p> <p><input type="checkbox"/> Panel (All Probes) <input type="checkbox"/> BCR/ABL, t(9;22) <input type="checkbox"/> MLL, (11q23) <input type="checkbox"/> TEL/AML1, t(12;21) <input type="checkbox"/> CEP 4/10, Trisomy 4 and 10</p> <p>Lymphoma</p> <p><input type="checkbox"/> IGH, t(14q32;v) <input type="checkbox"/> CCND1/IGH, t(11;14), Mantle Cell <input type="checkbox"/> IGH/BCL2, t(14;18), Follicular <input type="checkbox"/> c-MYC/IGH, t(8;14), Burkitt <input type="checkbox"/> AP12/MALT1, t(11;18), MALT</p> <p>CLL</p> <p><input type="checkbox"/> Panel (includes the following) -D13S319/13q34/CEP12, 13q-/12 -MYB/ATM/p53, 6q-/11q-/17p- <input type="checkbox"/> Panel + CCND1/IGH, t(11;14)</p>	<p>MDS</p> <p><input type="checkbox"/> Panel (All probes) <input type="checkbox"/> D5S630/EGR1, 5q-/5 <input type="checkbox"/> D7S486/CEN7, 7q-/7 <input type="checkbox"/> c-MYC/CEN8, +8 <input type="checkbox"/> D13S319, 13q- <input type="checkbox"/> 20qter/D20S108, 20q-</p> <p>AML</p> <p><input type="checkbox"/> Panel (All probes) <input type="checkbox"/> BCR/ABL, t(9;22) <input type="checkbox"/> MLL, t(11q23;v) <input type="checkbox"/> ETO/AML1, t(8;21) <input type="checkbox"/> CBFB, inv(16) <input type="checkbox"/> PML/RARA, t(15;17) <input type="checkbox"/> EVI1, inv(3q)</p> <p>CML</p> <p><input type="checkbox"/> BCR/ABL, t(9;22)</p>	<p>HES</p> <p><input type="checkbox"/> CHIC2, 4q12 anomaly</p> <p>Enumeration</p> <p><input type="checkbox"/> CEN8 <input type="checkbox"/> X <input type="checkbox"/> Y</p> <p>Solid Tumors</p> <p><input type="checkbox"/> Urovysion, Aneuploidy Bladder Cancer <input type="checkbox"/> Pathvysion, HER2/neu, Breast Cancer <input type="checkbox"/> Glioma, t(1;19), 19p- Brain Cancer <input type="checkbox"/> N-myc, EGFR Lung Cancer</p>	<p>MM/MGUS</p> <p><input type="checkbox"/> PANEL (includes the following) -RB1, 13q-/13 -IGH, (14q32) -p53, 17p- -CCND1/IGH, t(11;14) -FGFR3/IGH, t(4;14)</p> <p>Other FISH tests Please specify: _____ _____ _____</p>
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