

## **TEST REQUISITION FORM**

## **BM, FLOW CYTOMETRY, MOL. HAEMONC & CYTOGENETICS**

PATIENT DETAILS	(In BLOCK letters)
Full Name	Date / / / / / / / / / / / / / / / / / / /
Age / / M M Gender M F Other	Contact No
Sample Type   PB (No. of Tubes)   BM (No. of Tubes)   EDTA (No. of Tubes)   EDTA (No. of Tubes)   Heparin (No. of Tubes)   Heparin (No. of Tubes)   PB (No. of Tubes)   EDTA (No. of Tubes)   PB (No. of Tubes	
REFERRED BY	CONTACT NO.
LOCATION	
SUSPECTED DIAGNOSIS	
TEST TO BE PERFORMED S	Sample type: EDTA (~4ml)
Bone Marrow	
BM procedure aspiration and reporting BM aspirate	reporting BM biopsy reporting/review
Flow Cytometry	
☐ Acute leukaemia panel ☐ Chronic leukaemia panel	Lymphocyte subset analysis (T,B,NK)
☐ CD 34 enumeration ☐ MRD Panel ☐ T-MRD Panel ☐ B-	MRD Panel CD19/CD20 (B)
☐ Acute/chronic leukaemia panel ☐ PNH testing	CD16+56 (NK)
Molecular Haematooncology	
☐ BCR-ABL1 (IS) Quantitative Analysis (p210)	PML-RARA detection (Quantitative Analysis)
$\hfill \square$ BCR-ABL1 multiplex for detection of transcripts Qualitative	PML-RARA detection (Qualitative Analysis)
☐ Minor BCR-ABL1 p190 Qualitative	☐ Chimerism Study
☐ Minor BCR-ABL1 p190 Quantitative	Split cell chimerism study
☐ Imatinib resistance mutation analysis (IRMA)	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
☐ JAK2 Panel : Exons 12 to 15 (includes V617F)	Onco Haem panel by NGS DNA + RNA (AML, MPN, MDS/MPN, MDS, CMML, JMML, aCML, ET, PMF, PV, CEL, MDS/MPN-RS-T)
☐ JAK2 mutation study (V617F only)	Onco Haem - RNA ONLY by NGS
Sample preservation for $\ \square$ DNA $\ \square$ RNA	Onco Haem - DNA ONLY by NGS

DNA		RNA
HOTSPOT GENES	FULL GENES	FUSION DRIVER GENES
ABL1, BRAF, CBL, CEBPA, CSF3R, DNMT3A, FLT3, GATA2, HRAS, IDH1, IDH2, JAK2, KIT, KRAS,MPL, MYD88, NPM1, NRAS, PTPN11, SETBP1, SF3B1, SRSF2, U2AF1, WT1	ASXL1, BCOR, CALR, ETV6, EZH2, IKZF1, NF1, PHF6, PRPF8, RB1, RUNX1, SH2B3, STAG2, TET2, TP53, ZRSR2	ABL1, ALK, BCL2, BRAF, CCND1, CREBBP, EGFR, ETV6(TEL), FGFR1, FGFR2, FUS, HMGA2, JAK2, KMT2A(MLL), MECOM, MET, MLLT10, MLLT3, MYBL1, MYH11, NTRK3, NUP214, PDGFRA, PDGFRB, RARA, RBM15, RUNX 1(AML1), TCF3(E2A), TFE3

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## **TEST REQUISITION FORM**

TEST TO BE PER		
Cytogenetics		
Bone Marrow Karyotyping	FISH for CLL panel (del(17p)(TP53), del(13q), del(11q), Trisomy 12)	☐ FISH for E2A/TCF3 detection
FISH for IGH/BCL2 [t(14;18)]	FISH for del(5q) [5q31/5q33/5p15]	FISH for 17p (p53)
FISH for MYEOV/IGH [t(11;14)]	FISH for del(7q) [7q22/7q36]	☐ FISH for IgH
FISH for BCL6	FISH for BCR-ABL1 [t(9;22)]	FISH for inv(16) [CBFB-MYH11
FISH for AML panel [inv(16), MLL/KMT2A, PML-RARA, AML/ETO(RUNX1-RUNX1T1)]	FISH for AML1/ ETO (RUNX1-RUNX1T1) [t(8;21)]	FISH for MM [1q gain/amp, IGH, del(17p)(TP53), del(13q),
FISH for ALL panel[E2A/TCF3, MLL/KMT2A, BCR-ABL1, TEL-AML1(ETV6-RUNX1)]	FISH for MDS [del(5q), del(7q), del(20q)]	del(11q), Trisomy 12]
FISH for Trisomy 8	☐ FISH for MLL/KMT2A (breakapart)	☐ FISH for PDGFR A
FISH for PML-RARA detection [t(15;17)]	FISH for TEL- AML1 [t(12;21) / ETV6-RUNX1]	☐ FISH for PDGFR B
Preserve sample till pellet stage	☐ FISH for 11q (ATM)	
Other: please specify		
At Diagnosis: Yes / No	with date of diagnosis	
Time Point At Diagnosis: Yes / No If under treatment, mention the time point  Presenting Complaints	with date of diagnosis	
At Diagnosis: Yes / No If under treatment, mention the time point Presenting Complaints	with date of diagnosis	
At Diagnosis: Yes / No If under treatment, mention the time point  Presenting Complaints  Organomegaly		_N present, specify:
At Diagnosis: Yes / No If under treatment, mention the time point  Presenting Complaints  Organomegaly		-N present, specify:
At Diagnosis: Yes / No If under treatment, mention the time point  Presenting Complaints  Organomegaly  Liver: Spleen:	LN: If L	
At Diagnosis: Yes / No If under treatment, mention the time point  Presenting Complaints  Organomegaly  Liver: Spleen:  Treatment History	LN: If L	

\*Please note: The samples must reach the lab within 12-24 hours of collection

Signature of Clinician

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