

HEMATO-ONCOLOGY

PATIENT DETAILS

(In BLOCK letters)

 Full Name _____ Date / /

 Age / Gender M F Other _____ Contact No. _____

 Sample Type PB (No. of Tubes) _____ BM (No. of Tubes) _____ Other : _____
 EDTA (No. of Tubes) _____ EDTA (No. of Tubes) _____
 Heparin (No. of Tubes) _____ Heparin (No. of Tubes) _____

 REFERRED BY _____ CONTACT NO.

LOCATION _____

SUSPECTED DIAGNOSIS _____

TEST TO BE PERFORMED 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 CD16+56 (NK) CD19/CD20 (B)
 Acute/chronic Leukaemia Panel PNH testing MRD Panel T-MRD Panel B-MRD Panel

Molecular Hematooncology

 BCR-ABL1 p210 -IS (Quantitative Analysis) PML-RARA detection (Quantitative Analysis)
 BCR-ABL1 Multiplex for detection of transcripts (Qualitative) PML-RARA detection (Qualitative Analysis)
 Minor BCR-ABL1 p190 (Qualitative Analysis) Chimerism Study
 Minor BCR-ABL1 p190 (Quantitative Analysis) Split cell chimerism study
 Imatinib Resistance Mutation Analysis (IRMA) IgVH mutation analysis for CLL
 Onco Hema - DNA ONLY by NGS JAK2 mutation study (V617F only)
 Onco Hema - RNA ONLY by NGS JAK2 : Exons 12 to 15 (includes V617F)
 Onco Hema panel by NGS DNA + RNA Sample preservation for DNA RNA
(AML, MPN, MDS/MPN, MDS, CMML, JMML, aCML, ET, PMF, PV, CEL, MDS/MPN-RS-T)

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 TO BE PERFORMED Sample type: Sodium Heparin (~3ml)

Cytogenetics

- | | | |
|--|--|---|
| <input type="checkbox"/> Bone Marrow Karyotyping | <input type="checkbox"/> FISH for PDGFR A | <input type="checkbox"/> FISH for PDGFR B |
| <input type="checkbox"/> FISH for IgH | <input type="checkbox"/> FISH for BCL6 | <input type="checkbox"/> FISH for Trisomy 8 |
| <input type="checkbox"/> FISH for MYEOV/IGH [t(11;14)] | <input type="checkbox"/> FISH for del(7q) [7q22/7q36] | <input type="checkbox"/> FISH for 17p (p53) |
| <input type="checkbox"/> FISH for IGH/BCL2 [t(14;18)] | <input type="checkbox"/> FISH for BCR-ABL1 [t(9;22)] | <input type="checkbox"/> FISH for inv(16) [CBFB-MYH11] |
| <input type="checkbox"/> FISH for AML panel [inv(16), MLL/KMT2A, PML-RARA, AML/ETO(RUNX1-RUNX1T1)] | <input type="checkbox"/> FISH for del(5q) [5q31/5q33/5p15] | <input type="checkbox"/> FISH for 11q (ATM) |
| <input type="checkbox"/> FISH for ALL panel [E2A/TCF3, MLL/KMT2A, BCR-ABL1, TEL-AML1(ETV6-RUNX1)] | <input type="checkbox"/> FISH for MDS [del(5q), del(7q), del(20q)] | <input type="checkbox"/> FISH for AML1/ ETO (RUNX1-RUNX1T1) [t(8;21)] |
| <input type="checkbox"/> FISH for CLL panel (del(17p)(TP53), del(13q), del(11q), Trisomy 12) | <input type="checkbox"/> FISH for MLL/KMT2A (breakapart) | <input type="checkbox"/> FISH for TEL- AML1 [t(12;21) / ETV6-RUNX1] |
| <input type="checkbox"/> FISH for PML-RARA detection [t(15;17)] | <input type="checkbox"/> Preserve sample till pellet stage | <input type="checkbox"/> FISH for MM [1q gain/amp, IGH, del(17p)(TP53), del(13q), del(11q), Trisomy 12] |
| <input type="checkbox"/> Other: please specify _____ | | |

Time Point

At Diagnosis: Yes / No

If under treatment, mention the time point with date of diagnosis

Presenting Complaints

Organomegaly

Liver _____ Spleen _____ Lymph Node: N Y Site _____

Treatment History

Transfusion History N Y Date of last Transfusion _____

Family History: _____

Other investigations done elsewhere : Please attach reports

(CBC/BM/IPT/Cytogenetics/FISH/Molecular/Biochemistry & Serology):

Signature of Clinician

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

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