Neuberg Supratech
REFERENCE LABORATORIES

Neuberg DIAGNOSTICS | CENTER FOR GENOMIC MEDICINE

TEST REQUISITION FORM

[Bone Marrow, Flow cytrometry, Molecular haematooncology, Cytogenetics]

Patient Details

Patient's Name: _____ **Date:** _____

Age: _____ **Sex:** M / F / Others **Sample Type:** ○ PB ○ EDTA ○ Heparin

Contact No: _____ ○ BM ○ EDTA ○ Heparin

Others: _____

Referring Clinician

Referred by: _____ **Contact No:** _____

Suspected Diagnosis

○ Acute leukaemia	○ JMML	○ ETP-ALL	○ MDS	○ CML
○ CMML	○ B-NHL	○ CLL	○ AML	○ T-NHL
○ Acute leukaemia of ambiguous lineage	○ MPAL	○ Lymphoma	○ MDS/MPN	○ Follicular lymphoma
○ Chronic leukaemia	○ CML with BC	○ ?atypical cells	○ ?Relapse	○ MPN
○ Unknown	○ ALL	○ Others: please specify	_____	

Tests to be performed

Bone Marrow

☐ BM procedure aspiraton and reporting ☐ BM aspirate reporting ☐ BM biopsy reporting/review

Flow Cytrometry

☐ Acute leukaemia panel	☐ Chronic leukaemia panel	☐ Lymphocyte subset analysis (T, B, NK)
☐ CD34 enumeration	☐ MRD Panel	☐ CD19/CD20 (B)
☐ Acute/chronic leukaemia panel	☐ PNH testing	☐ CD16+56 (NK)

Molecular haematooncology

☐ BCR-ABL1 (IS) Quantitative Analysis (p210)
☐ BCR-ABL1 multiplex for detection of transcripts Qualitative
☐ Minor BCR-ABL1 p190 Qualitative
☐ Minor BCR-ABL1 p190 Quantitative
☐ Imatinib resistance mutation analysis (IRMA)
☐ JAK2 Panel : Exons 12 to 15 (includes V617F)
☐ JAK2 mutation study (V617F only)

☐ PML-RARA detection (Quantitative Analysis)
☐ PML-RARA detection (Qualitative Analysis)
☐ Chimerism Study
☐ IgVH mutation analysis for CLL
☐ Onco Haem panel by NGS DNA + RNA
(AML, MPN, MDS/MPN, MDS, CMML, JMML, aCML, ET, PMF, PV, CEL, MDS/MPN-RS-T)
☐ Onco Haem - RNA ONLY by NGS
☐ Onco Haem - DNA ONLY by NGS

Sample preservation for ☐ DNA ☐ RNA

DNA		RNA
HOTSPOT GENES	**FULL GENES**	**FUSION DRIVER GENES**
ABL1, BRAF, CBL, 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, KMTA2 A(MLL), MECOM, MLLT10, MLLT3, MYBL1, MYH11, NTRK3, NUP214, PDGFRA, PDGFRB, RARA, RBM15, RUNX 1(AML1) TCF3(E2A), TFE3

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Cytogenetics

- ☐ Bone Marrow Karyotyping
- ☐ FISH for IGH/BCL2 [t(14;18)]
- ☐ Fish for MYEOV/IGH [t(11;14)]
- ☐ FISH for BCL6
- ☐ FISH for AML panel [inv(16), MLL/KMT2A, PML-RARA, AML/ETO(RUNX1-RUNX1T1)]
- ☐ FISH for ALL panel[E2A/TCF3, MLL/KMT2A, BCR-ABL1, TEL-AML1](ETV6-RUNX1)
- ☐ FISH for Trisomy 8
- ☐ FISH for PML-RARA detection [t(15;17)]
- ☐ Preserve sample till pellet stage
- ☐ FISH for CLL panel (del(17p)(TP53), del(13q), del(11q), Trisomy 12)
- ☐ FISH for del(5q) [5q31/5q33/5p15]
- ☐ FISH for del(7q) [7q22/7q36]
- ☐ FISH for BCR-ABL1 [t(9;22)]
- ☐ FISH for AML1/ ETO(RUNX1-RUNX1T1) [t(8;21)]
- ☐ FISH for MDS [del(5q), del(7q), del(20q)]
- ☐ FISH for MLL/KMT2A (breakapart)
- ☐ FISH for TEL- AML1 [t(12;21), ETV6/RUNX1]
- ☐ FISH for 11q (ATM)
- ☐ FISH for 17p (p53)
- ☐ FISH for E2A/TCF3 detection
- ☐ FISH for IgH
- ☐ FISH for inv(16) [CBFB-MYH11]
- ☐ FISH for MM [IGH, del(17p)(TP53), del(13q), del(11q), Trisomy 12)
- ☐ FISH for PDGFR ALPHA
- ☐ FISH for PDGFR BETA

☐ 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: LN: If LN present, specify:

Treatment History

_____

Transfusion history (Yes/No/If yes, date of last BT): _____

Family History: _____

Other investigations done elsewhere

(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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