

CANCER GENETICS AND GENOMICS LABORATORY

MYELOID TESTING



BC CANCER
 DEPT. OF PATHOLOGY AND LABORATORY MEDICINE
 ROOM 3307 - 600 WEST 10TH AVENUE
 VANCOUVER BC V5Z-4E6

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 MON-FRI 8:30AM-4:30PM
 WWW.CANCERGENETICSLAB.CA
 INFO@CANCERGENETICSLAB.CA

ADDRESSOGRAPH OR PATIENT LABEL

See website for Myeloid, Lymphoid, Solid Tumor and Hereditary Cancer information and requisitions

PATIENT INFORMATION							REQUESTING PHYSICIAN (PLEASE SIGN BELOW)			
Last Name			First and Middle Names				Name		MSC	
Date of Birth dd/mmm/yyyy		Gender <input type="checkbox"/> M <input type="checkbox"/> X <input type="checkbox"/> F	PHN		BC Cancer ID#		Phone	Fax		
SPECIMEN							Address			
Specimen Type <input type="checkbox"/> PB <input type="checkbox"/> BM Aspirate <input type="checkbox"/> MAA (<input type="checkbox"/> PB <input type="checkbox"/> BM) <input type="checkbox"/> CGL Specimen <input type="checkbox"/> Other _____		Myeloid Panel Special Criteria Collect separate 0.5mL fresh marrow aspirate in EDTA, plus: AML: include cytogenetics, bone marrow, and flow cytometry report MPN/MDS: include marrow report			Collection Date (dd/mmm/yyyy)		COPY PHYSICIANS (ALL INFORMATION IS NECESSARY)		Name	MSC
Referring Lab/Hospital Sample ID									Address	
Originating Hospital									Name	
REASON FOR TESTING / DIAGNOSIS / CLINICAL HISTORY (REQUIRED FOR TEST TO PROCEED)							Name		MSC	
							Address		Name	MSC
							Address		Name	MSC
			CYTOGENETICS (FISH/KARYOTYPE)		MOLECULAR					
					Myeloid panel may detect variants associated with hereditary conditions. See website or contact the lab for genes and details.					
MYELOID	Acute Myeloid Leukemia		<input type="checkbox"/> Karyotype (BM only) <input type="checkbox"/> FISH (specify probes): _____		<u>Myeloid panel</u> (restricted to LEUK/BMT physicians considering SCT) <input type="checkbox"/> <70 y.o.; Good risk cytogenetics <input type="checkbox"/> <70 y.o.; Int risk cytogenetics		<u>Single-gene testing</u> <input type="checkbox"/> <i>KIT</i> D816 V/F (CBF AML only) <input type="checkbox"/> <i>FLT3</i> ITD & TKD (new Dx only)			
	Acute Promyelocytic Leukemia		<input type="checkbox"/> <i>PML/RARA</i> t(15;17) Diagnostic FISH <input type="checkbox"/> Karyotype (BM only)		<i>PML/RARA</i> : <input type="checkbox"/> MRD Baseline <input type="checkbox"/> MRD Monitor <input type="checkbox"/> query APL					
	Chronic Myelogenous Leukemia		<input type="checkbox"/> <i>BCR/ABL1</i> t(9;22) Diagnostic FISH <input type="checkbox"/> Karyotype (BM only)		<i>BCR/ABL1</i> : <input type="checkbox"/> MRD Baseline <input type="checkbox"/> MRD Monitor <input type="checkbox"/> Kinase Domain Current therapy: _____					
	Mastocytosis		<input type="checkbox"/> <i>FIP1L1/PDGFR</i> (with eosinophilia)		<input type="checkbox"/> <i>KIT</i> D816 V/F					
	Myelodysplastic Syndrome		<input type="checkbox"/> Karyotype (BM only)		<u>Myeloid panel</u> (restricted to hematologists or hematopathologists) <input type="checkbox"/> <60 y.o.; any karyotype <input type="checkbox"/> 60-80 y.o.; normal marrow karyotype <input type="checkbox"/> IPSS Int-1 or IPSS-R Intermediate; any karyotype					
	Myeloproliferative Neoplasm		<input type="checkbox"/> <i>BCR/ABL1</i> t(9;22) Diagnostic FISH <input type="checkbox"/> Karyotype for MF or CMML (BM only)		<u>Myeloid panel</u> <input type="checkbox"/> <i>JAK2</i> V617F negative; ET/MF/PV; restricted to hematologists or hematopathologists <input type="checkbox"/> <i>JAK2</i> V617F positive; MF; restricted to LEUK/BMT physicians considering SCT		<u><i>JAK2</i> V617F Single-gene testing</u> <input type="checkbox"/> Erythrocytosis (Elevated RBC) <input type="checkbox"/> Elevated Hb/Hct (for men/women= Hb >165/160 g/L or HCT >49/48%) <input type="checkbox"/> Thrombocytosis (>450x10 ⁹ /L) <input type="checkbox"/> Leukoerythroblastic blood film <input type="checkbox"/> Abdominal vein thrombosis <input type="checkbox"/> Other (specify in clinical history)			
OTHER	Chimerism				Pre-transplant assessment: <input type="checkbox"/> Donor <input type="checkbox"/> Recipient <input type="checkbox"/> Post-transplant assessment					
	Lymphoid and Myeloid neoplasm with Eosinophilia		<input type="checkbox"/> <i>FIP1L1/PDGFR</i> <input type="checkbox"/> <i>PDGFRB</i> <input type="checkbox"/> <i>FGFR1</i>							
	Multiple Myeloma		<input type="checkbox"/> <i>FGFR3/IGH, TP53, MAF/IGH</i> (BM only)							
PHYSICIAN SIGNATURE (REQUIRED)						DATE				
LAB USE ONLY		Tubes #	EDTA mL	NaHep mL	Media mL	Other				
	PB									
	BM									
	Other									