

Cytogenetics Testing Requisition Instructions



Please complete the requisition in its entirety, including:

1. Billing Preference
2. Patient Name and Demographics
3. Insurance Information if testing is to be billed to insurance
4. Date & Time of Specimen Collection
5. Clinical Indication for testing
6. Ordering physician and call-back information (phone/pager/fax number)

Mark each test clearly and answer all information requested within those section(s). Specimen requirements are located on the back of the form.

COLUMN 1 (Chromosome Analysis Testing)

7. **Prenatal Chromosome Testing:** Select an Amniotic Fluid, Chorionic Villus, Products of Conception or Autopsy, Skin Biopsy or Percutaneous Umbilical Blood Chromosome Study. For Products of Conception or Autopsy, record the tissue type(s) sent. For all tests, record the gestational age, gravida, para, # stillbirths, # spontaneous (SAB) and # total abortions (TAB).
8. **Blood Testing:** Select either a Blood or High Resolution Blood Chromosome Study. Record the requested priority. For STAT 48hr and 72hr priorities, a preliminary report will be called.
9. **Oncology Chromosome Testing:** Select a Bone Marrow, Peripheral Leukemic Blood, Lymph Node or Malignant Tissue Chromosome Study. If a bone marrows study is marked, record an aspirate or core sample is being sent. For malignant tissues, record the tissue type(s) sent.

COLUMN 2 (Sendouts and Congenital FISH Testing)

10. **Prenatal Sendout Testing:** Circle the specimen type to be tested (whole fluid, supernatant or cultured cells). Circle the action requested (“Hold” until notified or “Send” immediately upon sample requirements being met). Attach sendout paperwork and any accompanying forms (consent, family history, etc.). Select a sendout test: AFP, ACHE or other. If other is selected, list testing requested.
11. **Blood Send-out Testing:** Select a sendout test: Fragile X or other. If other is selected, list testing requested.
12. **Aneuploidy FISH Testing:** Select an aneuploidy test to be performed: Probe Perinatal X/Y/18/13/21, Aneuploidy X/Y/18 Only, Aneuploidy 13/21 Only or Other. If Other is selected, list probes(s) requested.
13. **Microdeletion FISH Testing:** Select all Microdeletion FISH tests requested. For unlisted Microdeletion FISH tests, consult with a Cytogenetics Director at 612-863-4541.

COLUMN 3 (Oncology FISH Testing)

14. **Hematology FISH Testing:** Select all hematology FISH tests requested. For unlisted hematology FISH tests, consult with an AML Cytogenetics Director. A list of probes and common diseases is provided on the back of the requisition.
15. **Panel FISH Testing:** Select a panel FISH test. We recommend a CLL panel only when chromosome results are normal or not available. We recommend an MDS panel only when chromosome analysis is not available.
16. **Lymphoma FISH Testing:** Select lymphoma FISH test(s) requested.
17. **Pathology Based Morphometric FISH Testing:** Select specific test for Her-2/neu, Urine FISH, Oligodendroglioma or for the soft tissue tumor options. For all other paraffin based FISH testing, select “Other” and list the probes to be used in the general morphometric FISH study. A pathologist interpretation will be included in the report.



AML-CYTOGENETICS

800 East 28th Street, Minneapolis, MN 55401
Phone: 612-863-4541 • Fax: 612-863-8752
1-800-281-4379, ext. 4541

Director: Rodney R. Higgins, PhD, 612-863-3481

1 BILL TO: MUST CHECK ONE CLINIC/FACILITY INSURANCE PATIENT (SELF-PAY)

MEDICARE SECONDARY PAYER INFORMATION REQUIRED. (AVL USE ONLY) Medicare secondary status has been verified with beneficiary or representative within 90 days of service and documentation is on file. **MSP Collected**

Clinic Information:

Date Collected _____ Time Collected _____ (Required by CLIA 88)

Stat _____ Routine _____

4 Please call cytogenetics before sending sample.

Clinical Indication for Testing

Ordering Physician

Referring Physician

Phone _____

Fax _____

Genetic Counselor

Cytogenetic studies may require additional cells analyzed, karyograms or stains performed at the discretion of a cytogenetics director. These additional processes, deemed necessary to complete the diagnostic result, will be reported and billed as additional charges.

DATE & TIME COLLECTED _____ DRAWN BY (AML Staff use Tech # Only) _____

SOCIAL SECURITY # _____ MALE FEMALE BIRTH DATE _____ / _____ / _____

PATIENT NAME (LAST) (FIRST) (M.I.) CHART # _____

PATIENT ADDRESS (STREET) _____ CITY _____

STATE _____ ZIP _____ PATIENT PHONE () _____

MEDICARE PRIMARY MEDICARE SECONDARY

MEDICARE/MED. NUMBER _____ STATE _____

MED. ASSISTANCE NUMBER _____ STATE _____

POLICY HOLDER _____ POLICY HOLDER DATE OF BIRTH _____ / _____ / _____

MEMBER/POLICY # _____ GROUP # _____ CLINIC # _____

RELATIONSHIP OF PATIENT TO INSURED SELF SPOUSE DEPENDENT INSURANCE CO. NAME _____

ICD9 DIAGNOSIS CODE(S) FOR TESTS ORDERED (MUST BE PROVIDED)

Dx1 _____ Dx3 _____ PHYSICIAN SIGNATURE _____

Dx2 _____ Dx4 _____ REFERRING PHYSICIAN _____

ABN NOT INDICATED ABN INCLUDED **Medical Necessity Statement:** Tests ordered on Medicare patients must follow CMS rules regarding medical necessity and ICD9 approval guidelines, and must include diagnosis, symptom, or reason for testing as indicated in the medical record. If testing does not come under Medicare guidelines for payment, a signed "Advanced Beneficiary Notice" must be included. Clinical consultation regarding test ordering is provided at 612-863-4679.

INSURANCE

Chromosome Analysis		Sendouts		Hematology FISH	
Test Name	Test Code	Test Name	Test Code	Test Name	Test Code
7 Prenatal test info Additional prenatal information required: Ultrasound gestation = G _____ P _____ SAB _____ TAB _____		10 PRENATAL Attach test requirements and documentation (circle one) --> Whole fluid Supernatant Cultured cells (circle one) --> SEND or HOLD (circle test priority) --> Sendout or Chromosome		14 + 8 detection TR8 + 12 detection TR12 5q31/-5 deletion 5Q- 6q21 deletion 6Q- 7q31/-7 deletion 7Q- 13q14 deletion 13Q- 20q12 deletion 20Q- p53 deletion/17p- 17p13.1 TP53 ATM/11q- 11q22.3 ATM BCR/ABL1 t(9;22) BCR CBFB inv(16) CBFb CHIC2 4q12 CHIC ETV6/RUNX1 TEL/AML1 t(12;21) ETV6 FGFR3/IGH t(4;14) FGFR MAF/IGH t(14;16) MAF MLL t(11q23;?) MLL Myeloma ploidy chroms 5/ 9/15 MYPL PML/RARA t(15;17) PML RUNX1T1/RUNX1 AML1/ETO t(8;21) RUNX TCR T-cell receptor 14q11 TCR Other (see reverse side for more tests) GOI List probe (s): _____	
8 Blood test info (NaHep tube) Peripheral _____ BLOOD STUDY _____ CSBLD Routine _____ Stat 48hr _____ Stat 72hr _____ HIGH RESOLUTION BLOOD _____ CSHR		11 BLOOD Fragile X (EDTA tube) _____ FXM Other _____ MSO List test (s): _____		15 Hematology Panel FISH ALL (t(9;22)) CLL (CLLP) Myeloma (MMP) AML (t(8;21)) MDS (MDSF) Lymphoma (N-ILP)	
9 Oncology test info (NaHep tube) (circle one) --> RUN _____ HOLD Pathologist _____ Pathology Case Number _____		12 Congenital Aneuploidy FISH PROBE PERINATAL X/Y/18/13/21 PERP ANEUPLOIDY X/Y/18 Q _____ XYO ANEUPLOIDY 13/21 ON _____ 130 Other _____ INTG List probe(s): _____		16 Lymphoma FISH ALK t(2;5) ALK/ (2;5) BCL2/IGH t(14;18) BC2 BCL6 t(3q27;7) BC6 CCND1/IGH t(11;14) CD1 MALT1 t(18q21;7) MALT MYC/IGH t(8;14) MYC	
BONE MARROW _____ CSBM (circle one) --> Aspirate or Core		13 Congenital Microdeletion FISH 1p36 Syndrome - 1p36 1P36 ALL SUB-TELOMERE SUBT ANGELMANS - 15q11-13 ANG CRI DU CHAT - 5p15.2 CDC DIGEORGE/VCF5/CAT1 22q11.2 DIG1 DIGEORGE II - 10p14 DIG2 KALLMANN - Xp22.3 KAL MILLER-DIEKER - 17p13.3 MILD PRADER-WILLI - 15q11-13 PRW SMITH-MAGENIS - 17p11.2 SMMG SOTOS - 5q35 SOT SRY - Yp11.3 SRY STEROID SULFATASE STS - Xp22.3 STSX WOLF-HIRSCHHORN - 4p16.3 WHR WILLIAMS BEUREN - 7q11.23 ELN XIST - Xq13.2 XIST Other METG List probe(s): _____		17 Morphology based FISH CHOP mdx 12q13 CHOP EWSR Ewings 22q12 EWSR FOXO1 FKHR rhabdo 13q14 FOXO FUS Fibromyxoid 16p11 FUS HER-2/neu 17q11.2-12 HERFISH Oligodendroglioma 1p-/19q- OLIG SYT SS18 Synovial 18q11.2 SYT Urne bladder cancer aneuploidy UFISH Other paraffin oncology GENM List probe(s): _____	
PERIPHERAL LEUKEMIC BLOOD _____ CSLB					
LYMPH NODE _____ CSLN					
MALIGNANT TISSUE _____ CSMT					
List tissue type(s): _____					
Affix Summary Label Here					