Neuberg Supratech
REFERENCE LABORATORIES

Neuberg DIAGNOSTICS | CENTER FOR GENOMIC MEDICINE

# TEST REQUISITION FORM

[Bone Marrow, Flow cytometry, 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 Cytometry

| | | |
|---|---|---|
| ☐ Acute leukaemia panel | ☐ Chronic leukaemia panel | ☐ Lymphocyte subset analysis (T, B, NK) |
| ☐ CD34 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)
☐ 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 tudy (V617F only)

Sample preservation or ☐ DNA ☐ RNA

☐ PML-RARA detection (Quantitative Analysis)
☐ PML-RARA detection (Qualitative Analysis)
☐ Chimerism Study
☐ Split cell 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

| 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,CEBPA | ASXL1, BCOR, CALR, ZRSR2 ETV6, EZH2, IKZF1, NF1, PHF6, PRPF8, RB1, RUNX1, SH2B3, STAG2, TET2, TP53 | 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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## 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 [1q gain/amp, IGH, del(17p)(TP53), del(13q), del(11q), Trisomy 12]
- ☐ FISH for PDGFR A
- ☐ FISH for PDGFR B
- ☐ 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):

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

Signature of Clinician

**PATIENT CONSENT:** I have had the opportunity to ask questions to my healthcare provider regarding this test, including the reliability of test results, the risks and the alternatives prior to giving my informed consent. I have read and understood the above/ have been explained the above in a language of my understanding and permit NCGM to perform the recommended genetic analysis. I understand that a repeat sample may be required in case if the lab results are not reportable due to any reason. I understand that the data derived from my genetic testing may be stored indefinitely as a part of the laboratory database. This data always stored in de-identified form. I understand my de- identified data/sample may be used for research collaborations as well as scientific presentations and publications.

Patient/Guardian Signature:



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