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: ☐ Male ☐ Female ☐ Others Sample Type : PB ☐ EDTA ☐ Heparin BM ☐ EDTA ☐ Heparin

Contact No: _____ Others: _____

Sample Collection Date _____ Sample Collection Time _____

Referring Clinician:

Referred by: _____ Contact No: _____

Suspected Diagnosis:

- ☐ Acute Leukaemia
- ☐ CMML
- ☐ Acute Leukaemia of ambiguous lineage
- ☐ Chronic Leukaemia
- ☐ Unknown
- ☐ JMML
- ☐ B-NHL
- ☐ MPAL
- ☐ CML with BC
- ☐ ALL
- ☐ ETP-ALL
- ☐ CLL
- ☐ Lymphoma
- ☐ Atypical cells
- ☐ Others (Please Specify): _____
- ☐ MDS
- ☐ AML
- ☐ MDS/MPN
- ☐ Relapse
- ☐ CML
- ☐ T-NHL
- ☐ Follicular Lymohoma
- ☐ MPN

Tests to be performed:

Bone Marrow

- ☐ BM procedure aspiration and reporting
- ☐ BM aspirate reporting
- ☐ BM biopsy reporting/review

Flow Cytometry

- ☐ Acute leukaemia panel
- ☐ Cd34 enumeration
- ☐ Acute/chronic leukaemia panel
- ☐ Chronic leukaemia panel
- ☐ MRD Panel ☐ T-MRD Panel ☐ B-MRD Panel
- ☐ PNH testing
- ☐ Lymphocyte subset analysis (T,B,NK)
- ☐ CD19/CD20 (B)
- ☐ 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 (Quantitative Analysis)
- ☐ Chimerism Study
- ☐ Split cell chimerism study
- ☐ IgVH mutation analysis for CLL
- ☐ Onco Haem panel by NGS DNA + RNA
- ☐ 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 AML panel [inv(16), MLL/KMT2A, PML-RARA, AML/ETO(RUNX1-RUNX1T1)]
- ☐ FISH for AML panel [E2A/TCF3, MLL/KMT2A, BCR-ABL1, TEL-AML1(ETv6-RUNX1)]
- ☐ FISH for Trisomy 8
- ☐ FISH for PML-RARA detection [t(15;17)]
- ☐ FISH for CLL panel {del(17p)(TP53), del(13q), del(11q), Trisomy 12}
- ☐ FISH for del{5q} [5q31/5q33/5p15]
- ☐ Preserve sample till pellet stage
- ☐ FISH for del(7q) [7q22/7q35]
- ☐ FISH for BCR-ABL1 [t(9;22)]
- ☐ FISH for AML1/ETO{ RUNX1-RUNX1T1} [t(8;210]
- ☐ 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 TEL-AML1 [t(12;21)/ETv6-RUNX1
- ☐ Other : please specify _____
- ☐ FISH for 11q (ATM)
- ☐ 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
- ☐ FISH for 17p {p53}

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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