

NEOPLASIA IFISH SUPPLEMENTAL REQUEST FORM

Cytogenetics Laboratory University of Washington Medical Center
206-598-4488

TO: _____ c/o: _____ Re: _____

Interphase fluorescence *in situ* hybridization (IFISH) tests are available that can detect aberrations not apparent by G-banding analysis of chromosomes. Both metaphase and interphase cells can be examined by IFISH. IFISH tests cannot replace G-banded chromosome analysis, which detects abnormalities not targeted by the IFISH probes. Thus, the IFISH tests are best used as a complement to G-banded chromosome analysis and can be done using the same sample you send for karyotyping (1ml heparinized marrow).

Please **CHECK** the appropriate section, **SIGN** below and **FAX (YES or NO)** to **(206)-598-2610**.

| | IFISH test(s) detect | Loci |
|--|---|---|
| | rea(2p23) | ALK |
| | rea(3q27) | BCL6 |
| | rea(4q12) | FIP1L1, CHIC2, PDGFRA |
| | rea(5q33) | PDGFRB |
| | rea(8q24) | C-MYC |
| | t(8;14) | MYC/IGH |
| | t(8;21) | ETO/RUNX1 |
| | rea(9p21) | P16/CEP9 |
| | t(9;22) and deletion of the derivative chromosome 9 from the t(9;22), and ASS probe when necessary to r/o del(9)(q24) | BCR/ABL* (Do not order if PCR test is negative) |
| | rea(11q23) | MLL |
| | t(11;14) | CCND1/IGH or CCND1-XT/IGH |
| | t(11;18) <u>OR</u> t(14;18) | API2/MALT1 <u>OR</u> IGH/MALT1 |
| | rea(12p13) | TEL/ETV6 |
| | t(12;21) | TEL/RUNX1 |
| | rea(14q32) | TCL1 <u>OR</u> IGH (Please specify) |
| | t(14;18) | IGH/BCL2 |
| | t(15;17) | PML/RARA |
| | inv(16) | CBFB |
| | rea(18q11) | SYT |
| | rea(22q12) | EWSR1 |
| | Other | Specify: |

| IFISH panel for: | IFISH test(s) detect | Loci |
|------------------|--|---|
| AML (M2, M3, M4) | t(8;21), t(15;17), inv(16) | ETO/RUNX1, PML/RARA, CBFB |
| CLL (or SLL) | del(6q), del(11q), trisomy 12q, del(13q), del(17p) | MYB, ATM, CEP12, D13S319, TP53 |
| MDS (or CMML) | del(5), -7 or del(7), +8, del(20) | EGR1, D7S486/CEP7, CEP8, D20S108 |
| MPD | del(5), -7 or del(7), +8, del(13q), del(20) | EGR1, D7S486/CEP7, CEP8, D13S319/LAMP1, D20S108 |
| Multiple Myeloma | t(4;14), t(11;14), t(14;16), del(13q), del(17p), +5, +9, +15 | IGH/FGRF3, IGH/CCND-XT, IGH/MAF, TP53/CEP17, D13S319, LAMP1, D5S23/D5S721, CEP9, CEP 15 |

Physician's Signature

Physician Name - printed

Patient Name:

DOB:

MR#: