



NEOPLASIA IFISH SUPPLEMENTAL REQUEST FORM Please CHECK the appropriate box, SIGN below and FAX to 206-598-2610

Patient Name: _____ **Accession Number:** _____ **Block:** _____ **Collection date:** _____

Patient DOB: _____ **Sex:** _____ **Indication:** _____ **Specimen Source:** _____

| Disease | Chromosome abnormality | Gene | Disease | Chromosome abnormality | Gene |
|--|---|--|---|--|--|
| AML <input type="checkbox"/> Panel | <input type="checkbox"/> t(8;21) <input type="checkbox"/> t(15;17) <input type="checkbox"/> inv(16)* <input type="checkbox"/> rea(11q23)* <input type="checkbox"/> -5 or del(5q) <input type="checkbox"/> -7 or del(7q) <input type="checkbox"/> t(6;9) <input type="checkbox"/> inv(3) <input type="checkbox"/> +8 <input type="checkbox"/> t(9;22) <input type="checkbox"/> -17 or del(17p) | <input type="checkbox"/> RUNX1T1/RUNX1 <input type="checkbox"/> PML/RARA <input type="checkbox"/> CBFβ* <input type="checkbox"/> MLL* <input type="checkbox"/> EGR1/D5S23 <input type="checkbox"/> D7S486/CEN7 <input type="checkbox"/> DEK/NUP214 <input type="checkbox"/> MECOM <input type="checkbox"/> CEN +8 <input type="checkbox"/> BCR/ABL1/ASS1 <input type="checkbox"/> TP53 | Eosinophilia <input type="checkbox"/> Panel | <input type="checkbox"/> rea(4q12) <input type="checkbox"/> rea(5q32)* <input type="checkbox"/> rea(8p12)* <input type="checkbox"/> inv(16)* | <input type="checkbox"/> SCFD2/LNX/ PDGFRA/KIT <input type="checkbox"/> PDGFRβ* <input type="checkbox"/> FGFR1* <input type="checkbox"/> CBFβ* |
| | | | T-cell ALL <input type="checkbox"/> Panel | | |
| MDS/MPD (and CMML) <input type="checkbox"/> Panel | <input type="checkbox"/> inv(3) <input type="checkbox"/> -5 or del(5q) <input type="checkbox"/> -7 or del(7q) <input type="checkbox"/> +8 <input type="checkbox"/> -13 or del(13q) <input type="checkbox"/> del(20q) <input type="checkbox"/> -17 or del(17p) | <input type="checkbox"/> MECOM <input type="checkbox"/> EGR1/D5S23 <input type="checkbox"/> D7S486/CEN7 <input type="checkbox"/> CEN8 <input type="checkbox"/> D13S319/13q34 <input type="checkbox"/> D20S108 <input type="checkbox"/> TP53 | Adult B-cell ALL <input type="checkbox"/> Panel | <input type="checkbox"/> del(9p) <input type="checkbox"/> t(9;22) <input type="checkbox"/> rea(14q32)* <input type="checkbox"/> -17 or del(17p) <input type="checkbox"/> t(1;19) <input type="checkbox"/> rea(11q23)* | <input type="checkbox"/> CDKN2A/CEN9 <input type="checkbox"/> BCR/ABL1/ASS1 <input type="checkbox"/> IGH* <input type="checkbox"/> TP53 <input type="checkbox"/> PBX1/TCF3 <input type="checkbox"/> MLL* |
| B-cell Lymphoma <input type="checkbox"/> Panel | <input type="checkbox"/> rea(3q27)* <input type="checkbox"/> rea(8q24)* <input type="checkbox"/> t(11;14)* <input type="checkbox"/> t(11;18)* <input type="checkbox"/> t(14;18)* <input type="checkbox"/> t(8;14)* <input type="checkbox"/> t(14;18) (MALT) <input type="checkbox"/> rea(14q32)* <input type="checkbox"/> rea(18q21)* <input type="checkbox"/> abn(1p/1q) | <input type="checkbox"/> BCL6* <input type="checkbox"/> MYC* <input type="checkbox"/> CCND1/IGH* <input type="checkbox"/> BIRC3/MALT1* <input type="checkbox"/> IGH/BCL2* <input type="checkbox"/> MYC/IGH* <input type="checkbox"/> IGH/MALT1 <input type="checkbox"/> IGH* <input type="checkbox"/> BCL2* <input type="checkbox"/> CDKN2C/CKS1B | Childhood ALL <input type="checkbox"/> Panel | <input type="checkbox"/> t(1;19) <input type="checkbox"/> t(9;22) <input type="checkbox"/> rea(11q23)* <input type="checkbox"/> t(12;21) <input type="checkbox"/> rea(12p13)* <input type="checkbox"/> +4 <input type="checkbox"/> +10 | <input type="checkbox"/> PBX1/TCF3 <input type="checkbox"/> BCR/ABL1 <input type="checkbox"/> MLL* <input type="checkbox"/> ETV6/RUNX1 <input type="checkbox"/> ETV6* <input type="checkbox"/> CEN4 <input type="checkbox"/> CEN10 |
| | | | | | |
| | | | <input type="checkbox"/> MYC ReflexTesting | <input type="checkbox"/> If either rea(8q24)MYC* or t(8;14)MYC/IGH* abnormal, reflex to rea(18q21)BCL2* & rea(3q27)BCL6* | |
| <input type="checkbox"/> High Grade Panel | <input type="checkbox"/> rea(3q27)* <input type="checkbox"/> rea(8q24)* <input type="checkbox"/> t(8;14)* <input type="checkbox"/> rea(18q21)* | <input type="checkbox"/> BCL6* <input type="checkbox"/> MYC* <input type="checkbox"/> MYC/IGH* <input type="checkbox"/> BCL2* | Lung cancer | <input type="checkbox"/> rea(2p23)* <input type="checkbox"/> rea(6q22)* <input type="checkbox"/> rea(7p12)* | <input type="checkbox"/> ALK* <input type="checkbox"/> ROS1* <input type="checkbox"/> EGFR* |
| T-cell Lymphoma Hepatosplenic T-cell PLL | <input type="checkbox"/> rea(7q34)* <input type="checkbox"/> rea(14q11)* <input type="checkbox"/> i(7q) <input type="checkbox"/> rea(14q32)* | <input type="checkbox"/> TRB* <input type="checkbox"/> TRA and TRD* <input type="checkbox"/> D7S486/CEN7 <input type="checkbox"/> TCL1A* | Sarcoma (Ewing) Sarcoma (synovial) Sarcoma (osteo; soft tissue) Rhabdomyosarcoma Myxoid liposarcoma Myxoid & RC Liposarcoma EMC | <input type="checkbox"/> rea(22q12)* <input type="checkbox"/> rea(18q11)* <input type="checkbox"/> 12q14.5-q15 ampli* <input type="checkbox"/> rea(13q14)* <input type="checkbox"/> rea(16p11)* <input type="checkbox"/> rea(12q13)* <input type="checkbox"/> rea(9q22.33q31.1)* | <input type="checkbox"/> EWSR1* <input type="checkbox"/> SS18* <input type="checkbox"/> MDM2* <input type="checkbox"/> FOXO1* <input type="checkbox"/> FUS* <input type="checkbox"/> DDI3* <input type="checkbox"/> NR4A3* |
| CLL (or SLL) <input type="checkbox"/> Panel | <input type="checkbox"/> del(6q) <input type="checkbox"/> del(11q) <input type="checkbox"/> t(11;14)* <input type="checkbox"/> +12 <input type="checkbox"/> -13 or del(13q) <input type="checkbox"/> -17 or del(17p) | <input type="checkbox"/> MYB <input type="checkbox"/> ATM <input type="checkbox"/> CCND1/IGH* <input type="checkbox"/> CEN12 <input type="checkbox"/> D13S319/13q34 <input type="checkbox"/> TP53 | | | |
| Multiple Myeloma <input type="checkbox"/> Panel | <input type="checkbox"/> abn(1p/1q) <input type="checkbox"/> t(4;14) <input type="checkbox"/> t(11;14)* <input type="checkbox"/> t(14;16) <input type="checkbox"/> -13 or del(13q) <input type="checkbox"/> -17 or del(17p) | <input type="checkbox"/> CDKN2C/CKS1B <input type="checkbox"/> FGFR3/IGH <input type="checkbox"/> CCND1/IGH* <input type="checkbox"/> IGH/MAF <input type="checkbox"/> D13S319/13q34 <input type="checkbox"/> TP53/CEN17 | Glioblastoma <input type="checkbox"/> Panel | <input type="checkbox"/> del(1p)(19q)* <input type="checkbox"/> del(10q23)* <input type="checkbox"/> 7p12 ampli* <input type="checkbox"/> 8q24 ampli* | <input type="checkbox"/> 1p19q deletion* <input type="checkbox"/> PTEN* <input type="checkbox"/> EGFR* <input type="checkbox"/> MYC* |
| | | | ABC & NF | <input type="checkbox"/> rea(17p13)* | <input type="checkbox"/> USP6* |
| | | | Other | | |

* Indicates probe is validated on paraffin tissue (FFPE) and suspension cells

Requesting Physician: _____ Referring institution: _____
Printed

Requesting Physician: _____ Copy Report to: _____
Signature