

Form B

Form available online at www.paml.com (Forms and Brochures).

Phone: 509-434-1050

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Fluorescence In Situ Hybridization (FISH) Reflex Testing Hematological Neoplastic Specimens

PATIENT NAME	BIRTH DATE	ACCESSION NUMBER
CLINICAL INDICATION	CYTOGENETIC RESULT	

Testing: Check boxes for entire panel or specific probes needed.

Diagnosis	Subtype	Probes Loci / Chromosome Abnormalities	Probe Loci / Chromosome Abnormalities
<input type="checkbox"/> AML		<input type="checkbox"/> AML / ETO t (8;21)	
		<input type="checkbox"/> PML / RARA t (15;17)	
		<input type="checkbox"/> CBFB inv (16) / t (16;16)	
		<input type="checkbox"/> MLL 11q23 rearrangements	
<input type="checkbox"/> B-Cell Lymphoma	Burkitt, Burkitt-like, large B-Cell	<input type="checkbox"/> MYC 8q24 rearrangement	
	Burkitt / Diffuse large B-Cell	<input type="checkbox"/> MYC/IGH t (8;14)	
	Follicular / Diffuse large B-Cell	<input type="checkbox"/> BCL2/IGH t (14;18)	
	Follicular / Diffuse large B-Cell	<input type="checkbox"/> BCL6 3q27 rearrangements	
	MALT1	<input type="checkbox"/> MALT 18q21 rearrangements	
	Mantle Cell	<input type="checkbox"/> CCND1/IGH t (11;14)	
<input type="checkbox"/> CML		<input type="checkbox"/> BCR/ABL1 t (9;22)	
<input type="checkbox"/> CLL/SLL Panel		<input type="checkbox"/> ATM/TP53 11q or 17p/p53 deletion	<input type="checkbox"/> CCND1 / IGH t (11;14)
		<input type="checkbox"/> D13S319/13q34/CEP12 -13/13q / +12	
<input type="checkbox"/> ALL-Pediatric		<input type="checkbox"/> ETV6/RUNX1 t (12;21)	<input type="checkbox"/> TP16/CEP9 -9/9p deletion or +9
		<input type="checkbox"/> MLL 11q23 rearrangements	<input type="checkbox"/> BCR / ABL1 t (9;22)
		<input type="checkbox"/> CEP4/CEP10/CEP17 Hyper or hypodiploidy	<input type="checkbox"/> PBX1/TCF3 t (1;19)
<input type="checkbox"/> ALL-Adult		<input type="checkbox"/> BCR/ABL1 t (9;22)	<input type="checkbox"/> ELL/ENL 19p rearrangements
		<input type="checkbox"/> MLL 11q23 rearrangements	
<input type="checkbox"/> MDS/AML Panel		<input type="checkbox"/> EGR1 / D5S630 -5/5q deletion	<input type="checkbox"/> CEP8 +8
		<input type="checkbox"/> D7S486 / Cep7 -7/7q deletion	<input type="checkbox"/> D20S108 20q deletion
<input type="checkbox"/> MM/MGUS Panel If IGH +, FGFR3 -, reflexes additionally to:		<input type="checkbox"/> TP53 / Cen17 TP53 / 17p deletion	<input type="checkbox"/> D13S319/13q34 -13/13q deletion
		<input type="checkbox"/> FGFR3/IGH t (4;14)	<input type="checkbox"/> MLL 11q23 rearrangements
		<input type="checkbox"/> CCND1/IGH t (11;14)	<input type="checkbox"/> MAF/IGH t (14;16)
<input type="checkbox"/> Hypereosinophilia / Eosinophilia / Mastocytosis		<input type="checkbox"/> FIP1L1-CHIC2-PDGFR4 4q12 rearrangements	
		<input type="checkbox"/> PDGFRB 5q33 rearrangements	
		<input type="checkbox"/> FGFR1 8p12 rearrangements	
<input type="checkbox"/> Bone Marrow Transplant (opposite sex donor)			<input type="checkbox"/> CEPX, CEPY
<input type="checkbox"/> Other recommended probe:			

Please indicate the desired test(s) and fax your request back to the lab with a physician signature. An addendum report will be issued when the FISH analysis is complete.

Fax : 509-747-2388

Test Ordered By:	Phone:	Date:
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Physician Signature: