



**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 rea(8q24)MYC* normal, reflex to t(8;14)MYC/IGH*. If either 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"/> DDIT3* <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)  Reflex Testing if indicated: <input type="checkbox"/> rea(14q32)*	<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  <input type="checkbox"/> IGH*	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