



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 ☐ Panel	☐ t(8;21) ☐ t(15;17) ☐ inv(16)* ☐ rea(11q23)* ☐ -5 or del(5q) ☐ -7 or del(7q) ☐ t(6;9) ☐ inv(3) ☐ +8 ☐ t(9;22) ☐ -17 or del(17p)	☐ RUNX1T1/RUNX1 ☐ PML/RARA ☐ CBFB* ☐ MLL* ☐ EGR1/D5S23 ☐ D7S486/CEN7 ☐ DEK/NUP214 ☐ MECOM ☐ CEN +8 ☐ BCR/ABL1/ASS1 ☐ TP53	Eosinophilia ☐ Panel	☐ rea(4q12) ☐ rea(5q32)* ☐ rea(8p12)* ☐ inv(16)*	☐ SCFD2/LNX/ PDGFRA/KIT ☐ PDGFRB* ☐ FGFR1* ☐ CBFB*
			T-cell ALL ☐ Panel	☐ rea(7q34)* ☐ rea(14q11)* ☐ del(9p) ☐ rea(11q23)*	☐ TRB* ☐ TRA and TRD* ☐ CDKN2A/CEN9 ☐ MLL*
MDS/MPD (and CMML) ☐ Panel	☐ inv(3) ☐ -5 or del(5q) ☐ -7 or del(7q) ☐ +8 ☐ -13 or del(13q) ☐ del(20q) ☐ -17 or del(17p)	☐ MECOM ☐ EGR1/D5S23 ☐ D7S486/CEN7 ☐ CEN8 ☐ D13S319/13q34 ☐ D20S108 ☐ TP53	Adult B-cell ALL ☐ Panel	☐ del(9p) ☐ t(9;22) ☐ rea(14q32)* ☐ -17 or del(17p) ☐ t(1;19) ☐ rea(11q23)*	☐ CDKN2A/CEN9 ☐ BCR/ABL1/ASS1 ☐ IGH* ☐ TP53 ☐ PBX1/TCF3 ☐ MLL*
B-cell Lymphoma ☐ Panel	☐ rea(3q27)* ☐ rea(8q24)* ☐ t(11;14)* ☐ t(11;18)* ☐ t(14;18)* ☐ t(8;14)* ☐ t(14;18) (MALT) ☐ rea(14q32)* ☐ rea(18q21)* ☐ abn(1p/1q)	☐ BCL6* ☐ MYC* ☐ CCND1/IGH* ☐ BIRC3/MALT1* ☐ IGH/BCL2* ☐ MYC/IGH* ☐ IGH/MALT1 ☐ IGH* ☐ BCL2* ☐ CDKN2C/CKS1B	Childhood ALL ☐ Panel	☐ t(1;19) ☐ t(9;22) ☐ rea(11q23)* ☐ t(12;21) ☐ rea(12p13)* ☐ +4 ☐ +10	☐ PBX1/TCF3 ☐ BCR/ABL1 ☐ MLL* ☐ ETV6/RUNX1 ☐ ETV6* ☐ CEN4 ☐ CEN10
☐ MYC ReflexTesting	☐ If either rea(8q24)MYC* or t(8;14)MYC/IGH* abnormal, reflex to rea(18q21)BCL2* & rea(3q27)BCL6*		CML	☐ t(9;22)	☐ BCR/ABL1/ASS1
☐ High Grade Panel	☐ rea(3q27)* ☐ rea(8q24)* ☐ t(8;14)* ☐ rea(18q21)*	☐ BCL6* ☐ MYC* ☐ MYC/IGH* ☐ BCL2*	Breast cancer gastric cancer	☐ 17q ampli*	☐ HER2 (ERBB2)*
T-cell Lymphoma	☐ rea(7q34)* ☐ rea(14q11)* ☐ i(7q) ☐ rea(14q32)*	☐ TRB* ☐ TRA and TRD* ☐ D7S486/CEN7 ☐ TCL1A*	Lung cancer	☐ rea(2p23)* ☐ rea(6q22)*	☐ ALK* ☐ ROS1*
Hepatosplenic T-cell PLL			Sarcoma (Ewing) Sarcoma (synovial) Sarcoma (osteo; soft tissue) Rhabdomyosarcoma Myxoid liposarcoma Myxoid & RC Liposarcoma EMC	☐ rea(22q12)* ☐ rea(18q11)* ☐ 12q14.5-q15 ampli* ☐ rea(13q14)* ☐ rea(16p11)* ☐ rea(12q13)* ☐ rea(9q22.33q31.1)*	☐ EWSR1* ☐ SS18* ☐ MDM2* ☐ FOXO1* ☐ FUS* ☐ DDIT3* ☐ NR4A3*
CLL (or SLL) ☐ Panel	☐ del(6q) ☐ del(11q) ☐ t(11;14)* ☐ +12 ☐ -13 or del(13q) ☐ -17 or del(17p)	☐ MYB ☐ ATM ☐ CCND1/IGH* ☐ CEN12 ☐ D13S319/13q34 ☐ TP53			
Multiple Myeloma ☐ Panel	☐ abn(1p/1q) ☐ t(4;14) ☐ t(11;14)* ☐ t(14;16) ☐ -13 or del(13q) ☐ -17 or del(17p) Reflex Testing if indicated: ☐ rea(14q32)*	☐ CDKN2C/CKS1B ☐ FGFR3/IGH ☐ CCND1/ IGH* ☐ IGH/MAF ☐ D13S319/13q34 ☐ TP53/CEN17 ☐ IGH*	Glioblastoma ☐ Panel	☐ del(1p)(19q)* ☐ del(10q23)* ☐ 7p12 ampli* ☐ 8q24 ampli*	☐ 1p19q deletion* ☐ PTEN* ☐ EGFR* ☐ MYC*
			ABC & NF	☐ rea(17p13)*	☐ USP6*
			Other		

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

Requesting Physician: _____ Referring institution: _____
Printed

Requesting Physician: _____ Copy Report to: _____
Signature