

# UAMS Molecular Hematopathology Test Request



UAMS Molecular Diagnostics Laboratory  
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## Patient Information

Patient Name \_\_\_\_\_  
Medical Records Number \_\_\_\_\_  
Billing Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Sex/Gender:  Male  Female

## Physician Information

Requesting Physician \_\_\_\_\_  
Request Date \_\_\_\_\_  
Location: \_\_\_\_\_  
Phone/Pager: \_\_\_\_\_  
Signature: \_\_\_\_\_

## Diagnosis

- |                                   |                                      |                              |
|-----------------------------------|--------------------------------------|------------------------------|
| <input type="checkbox"/> MDS      | <input type="checkbox"/> CML         | <input type="checkbox"/> CLL |
| <input type="checkbox"/> AML      | <input type="checkbox"/> APL (M3)    |                              |
| <input type="checkbox"/> T-ALL    | <input type="checkbox"/> B/pre-B ALL |                              |
| <input type="checkbox"/> ALL, nos | <input type="checkbox"/> MPD         |                              |
- Mixed Lineage Leukemia  
 Acute Leukemia, nos  
 Multiple Myeloma  
 Lymphoma – Subtype: \_\_\_\_\_  
 Solid tumor type: \_\_\_\_\_  
 Other: \_\_\_\_\_  
Previous Result: \_\_\_\_\_

## Specimen Information

- Bone Marrow  
 Peripheral Blood  
 Tissue : \_\_\_\_\_  
 Tissue Block # (if applicable) \_\_\_\_\_  
 Other: \_\_\_\_\_  
Collection Site: \_\_\_\_\_  
Collection Date: \_\_\_\_\_  
Collection Time: \_\_\_\_\_  
Growth Factor Therapy (Y/N): \_\_\_\_\_  
 Pre-therapy  Post-therapy  
 Pre-transplant  Post-transplant  
 In Remission  Relapse

## FISH Test Requested: (may be ordered as a Panel or individually)

- |   |   |
|---|---|
| <input type="checkbox"/> MDS Panel ( <input type="checkbox"/> 5/5q; <input type="checkbox"/> 7/7q; <input type="checkbox"/> 8; <input type="checkbox"/> 13/13q; <input type="checkbox"/> 20q)   |   |
| <input type="checkbox"/> CLL Panel ( <input type="checkbox"/> 12 cen/13q, <input type="checkbox"/> 11q (ATM)/17p13 (P53), <input type="checkbox"/> t(11;14))  |   |
| <input type="checkbox"/> AML Panel ( <input type="checkbox"/> 5/5q; <input type="checkbox"/> 7/7q; <input type="checkbox"/> t(8;21); <input type="checkbox"/> 11q23; <input type="checkbox"/> t(15;17); <input type="checkbox"/> inv(16)) |   |
| <input type="checkbox"/> ALL Panel ( <input type="checkbox"/> t(9;22); <input type="checkbox"/> t(11q23) (MLL); <input type="checkbox"/> t(8q24) (c-MYC)  |   |
| <input type="checkbox"/> Multiple Myeloma Panel ( <input type="checkbox"/> 13q14/13q34; <input type="checkbox"/> 17p13; <input type="checkbox"/> t(4;14); <input type="checkbox"/> t(11;14); <input type="checkbox"/> t(14;16))           |   |
| <input type="checkbox"/> BCR/ABL Fusion [t(9;22)]   | <input type="checkbox"/> PML/RAR $\alpha$ Fusion [t(15;17)] |
| <input type="checkbox"/> BCL-2/IgH Fusion [t(14;18)]  | <input type="checkbox"/> BCL6 rearrangement [3q27]          |
| <input type="checkbox"/> CCND1/IgH Fusion [t(11;14)]  | <input type="checkbox"/> c-MYC/IgH Fusion [t(8;14)]         |
| <input type="checkbox"/> FIP1L1/CHIC2/PDGFR $\alpha$ [4q12]   | <input type="checkbox"/> c-MYC rearrangement [t(8q24)]      |
| <input type="checkbox"/> IgH [t(14q32)]   | <input type="checkbox"/> ALK rearrangement [t(2p23)]        |
| <input type="checkbox"/> Other FISH (Specify) _____   | <input type="checkbox"/> MALT1 rearrangement [t(18q21)]     |

## PCR Test Requested :

- |   |  |
|---|--|
| <input type="checkbox"/> Quantitative BCR/ABL by RQ-PCR [t(9;22)] | <input type="checkbox"/> FLT3 by PCR             |
| <input type="checkbox"/> PML/RARA [t(15;17)]                      | <input type="checkbox"/> JAK2 by PCR             |
| <input type="checkbox"/> B Cell Clonality by PCR                  | <input type="checkbox"/> T Cell Clonality by PCR |
| <input type="checkbox"/> Other (Specify): _____                   |  |

