

UAMS Molecular Test Request

UAMS Molecular Diagnostics Laboratory
4301 W Markham, S7/17, Little Rock, AR 72205
Tel: (501) 526-6439 Fax: (501) 686-7155



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

- MDS CML CLL
 AML APL (M3)
 T-ALL B/pre-B ALL
 ALL, nos 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)

- MDS Panel (5/5q; 7/7q; 8; 13/13q; 20q)
 CLL Panel (12 cen/13q, 11q (ATM)/17p13 (P53), t(11;14))
 AML Panel (5/5q; 7/7q; t(8;21); 11q23; t(15;17); inv(16))
 ALL Panel (t(9;22); t(11q23) (MLL); t(8q24) (c-MYC)
 Multiple Myeloma Panel (13q14/13q34; 17p13; t(4;14); t(11;14); t(14;16))
 MPD Panel (FIP1L1/CHIC2/PDGFRA [4q12]; PDGFRB [5q33]; FGFR1 [8p11])
- BCR/ABL Fusion [t(9;22)] PML/RAR α Fusion [t(15;17)]
 BCL-2/IgH Fusion [t(14;18)] BCL6 rearrangement [3q27]
 CCND1/IgH Fusion [t(11;14)] c-MYC/IgH Fusion [t(8;14)]
 c-MYC rearrangement [t(8q24)] ALK rearrangement [t(2p23)]
 IgH [t(14q32)] MALT1 rearrangement [t(18q21)]
 Other FISH (Specify) _____

PCR Test Requested :

- Quantitative BCR/ABL by RQ-PCR [t(9;22)] FLT3 by PCR
 PML/RARA [t(15;17)] JAK2 by PCR
 B Cell Clonality by PCR T Cell Clonality by PCR
 Other (Specify): _____

