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:

### 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/PDGFRα [4q12]; □ PDGFβ [5q33]; □FGFR1 [8p11])
  - □ BCR/ABL Fusion [t(9;22)]
  - □ BCL-2/IgH Fusion [t(14;18)]
  - □ CCND1/IgH Fusion [t(11;14)]
  - □ c-MYC rearrangement [t(8q24)]
  - □ IgH [t(14q32)]
  - □ Other FISH (Specify)
  - □ PML/RARα Fusion [t(15;17)]
  - □ BCL6 rearrangement [3q27]
  - □ c-MYC/IgH Fusion [t(8;14)]
  - □ ALK rearrangement [t(2p23)]
  - □ MALT1 rearrangement [t(18q21)]

### 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):

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**Diagnosis:**
- □ MDS
- □ CML
- □ CLL
- □ AML
- □ APL (M3)
- □ T-ALL
- □ B/pre-B ALL
- □ ALL, nos
- □ MPD

**Specimen Information:**
- □ Bone Marrow
- □ Peripheral Blood
- □ Tissue :
- □ Tissue Block # (if applicable):
- □ Other:

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**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):
Collection and Transport of Specimens for Molecular Testing

To insure optimum testing conditions for a specimen that is sent to the molecular Diagnostics laboratory the following guidelines should be followed:

Identify the specimen(s) to be sent:
- Patient’s full name
- Date of Birth
- UAMS medical record number
- Time & Date of collection

Instructions for FISH Testing (Submit only 1 of the following specimens):

<table>
<thead>
<tr>
<th>Specimen</th>
<th>Container/Transport Media</th>
<th>Volume/ Amount Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone Marrow Aspirate</td>
<td>Green Top (Heparin) Tube</td>
<td>3-5 mLs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Min. Volume: 3 mLs</td>
</tr>
<tr>
<td>Peripheral Blood</td>
<td>Green Top (Heparin) Tube</td>
<td>5-10 mLs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Min. Volume: 5 mLs</td>
</tr>
<tr>
<td>Fixed Nuclear Pellets</td>
<td>Sterile Tube</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carnoy’s Fixative</td>
<td></td>
</tr>
<tr>
<td>Lymph Nodes (or other surgical biopsy)</td>
<td>Sterile Tube</td>
<td>1-3 cm² tissue</td>
</tr>
<tr>
<td></td>
<td>RPMI media</td>
<td></td>
</tr>
<tr>
<td>Paraffin Block</td>
<td>4-5 micron sections on glass slides</td>
<td>5 slides (plus H&amp;E)</td>
</tr>
<tr>
<td></td>
<td>Include 1 H&amp;E</td>
<td></td>
</tr>
</tbody>
</table>

For PCR-Based Studies:

A. Peripheral Blood or Bone Marrow
   Peripheral blood: Collect 5-10 ml venous blood in EDTA (lavender/purple-top) vacutainer tube. CLOTTED BLOOD IS NOT ACCEPTABLE. Label tube with patient’s name and laboratory control number. Forward promptly at ambient temperature. SPECIMEN CAN NOT BE FROZEN.

   Bone Marrow: Collect 1-3 ml in EDTA(lavender/purple-top) vacutainer tube. It is important that a non-heparinized syringe is used for the initial bone marrow collection; then transferring the specimen to the sterile EDTA vacutainer tube without using a needle to dispense the sample. CLOTTED BLOOD IS NOT ACCEPTABLE. Label tube with patient’s name and laboratory control number. Forward promptly at ambient temperature. SPECIMEN CAN NOT BE FROZEN.

   All EDTA tubes should be refrigerated immediately after collection.

B. Gene Rearrangement Studies by PCR:
   Blood, bone marrow biopsy or aspirate, formalin-fixed paraffin embedded tissue. For FFPE specimens, please provide the entire tissue block. Note: the assay cannot be performed if the amount of DNA obtained is <10 micrograms.

C. Lymph node or other tissue: Place specimen in a screw-capped, sterile container with sterile RPMI media or saline. Label tube with patient’s name and laboratory control number. Specimen is sent refrigerated. SPECIMEN CAN NOT BE FROZEN.

For other samples not listed, please contact the laboratory for instructions (526-6439). Causes for sample rejection: Improperly labeled, clotted or hemolyzed blood or aspirate specimens, paraffin-embedded samples fixed with B5; PCR-studies collected in Na+ Heparin (Green Top) tubes.