THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER
DEPARTMENT OF CLINICAL PATHOLOGY

CYTG- F10 Cytogenetics Request Form
Department of Clinical Laboratories
The Ohio State University Wexner Medical Center

ALL FIELDS MUST BE COMPLETED BELOW

Name of Submitting Institution:	Priority (circle one): ☐ ROUTINE ☐ ADD-ON	**Patient Name and Medical Record Number:**
Location/Room Number: / **Collect Date/Time:**	For results delivery during a downtime: In House Tube Station #_____ or Ambulatory Fax Number #_____	**DOB:** / **Sex Assigned at Birth (SAAB)** ☐ Male ☐ Female
Unit/Floor:		**Ordering Provider (NAME REQUIRED):**
Contact Phone # (RN):		**Ordering Provider Signature (REQUIRED):**
Specimen Type: ☐ Bone Marrow ☐ Peripheral Blood ☐ Other Source: Explain:_____		**Post-transplant recipient:** +days_____ Sex mismatch: ☐ Yes ☐ No
ICD-10 Code(s): **Required for Emergency Department and Ambulatory patients (including clinics).**		**Cytogenetics Laboratory** **2001 Polaris Parkway, Room 1500** **Columbus, OH 43240** **Phone: (614) 293-9898 Fax:(614) 293-9919**

NOTE: All tests should be MEDICALLY NECESSARY, as supported by the medical record, for diagnosis or treatment, NOT FOR SCREENING.
OUTPATIENT requests require Clinical Indications for tests: PLEASE INCLUDE ICD10 CODE (S) FOR SIGN, SYMPTOM, OR DEFINITIVE DIAGNOSIS.

Test(s) requested:

☐ **Chromosome Analysis**

FISH Panels

- ☐ CLL Panel
- ☐ Myeloma Panel
  CD138+ enriched cells (BMA only)
- ☐ AML Panel
- ☐ ALL Panel
- ☐ MPD Panel
- ☐ Eosinophilia Panel
- ☐ MDS Panel (Reflex Only)
  Performed only if chromosome analysis is insuff icient
- ☐ NHL B-Cell Panel
- ☐ NHL T-Cell Panel

Other FISH Probes

- ☐ CRLF2
- ☐ P2RY8
- ☐ PBX1/TCF3
- ☐ ABL2
- ☐ PDGFRB
- ☐ DEK/NUP214
- ☐ JAK2
- ☐ ABL1
- ☐ BCR/ABL1
- ☐ NUP98
- ☐ KMT2A
- ☐ PML/RARA
- ☐ CBFB
- ☐ TP53/CEP 17
- ☐ MYC
- ☐ CDKN2A/CEP 9
- ☐ IGH
- ☐ IGH/MYC/CEP 8
- ☐ IGH/CCND1
- ☐ BIRC3/MALT1
- ☐ TCL1
- ☐ TRB (TCRB)
- ☐ ALK

☐ OTHER:_____

***Additional testing information can be found in the Test Catalog at:**
https://pathology.osu.edu/divisions/cytogenetics/tests.html

INSTRUCTIONS FOR SUBMITTING SAMPLES

Bone marrow aspirate: Best specimen is obtained from first pull. Place in sodium heparin (solid green top) tube and mix well to prevent clotting.

If dry tap: Send Peripheral Blood (PB)Specimen (if blasts are present).
Peripheral blood: Aseptically collect blood in sodium heparin (solid green top) tube and mix well to prevent clotting.
Bone biopsy: Place 2 cm biopsy core in sterile isotonic media (or Hepes media from James Stat Lab).
Take specimens to CPA, 410 West 10th Ave., Room S326 Rhodes Hall, Columbus, Ohio.
TRANSPORT ALL SPECIMENS TO LAB ASAP. DO NOT REFRIGERATE OR FREEZE!!!

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