JOHNS HOPKINS MEDICINE
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL

Genetics Laboratories Test Request

CYTOGENETICS
Telephone: 727-767-8559
Fax: 727-767-8367
Dept.: 6500001504

Patient Name (last, first):	Sex: ☐ M ☐ F	Client Name:
Address:	Medical Record #:	Address:
City/State/Zip:		City/State/Zip:
Home Phone:		Phone: Fax:
Date of Birth (MM/DD/YY):		Referring Physician:

Clinical Indications / Family History (attach pedigree, if appropriate): DIAGNOSTIC CODE(S) (Required):

MICROARRAY ANALYSIS (Oligo-SNP)
(CMA and CMAO)

☐ Microarray **Constitutional**
BLOOD: 4cc sodium heparin (green top) + 4cc EDTA (lavender top)

☐ Microarray **Oncology**
BONE MARROW / PERIPHERAL BLOOD: 3cc sodium heparin (green top)
TUMOR: 2mm³ in sterile media (RPMI or sterile saline solution)

CONSTITUTIONAL CYTOGENETICS (CS)
KARYOTYPE / CHROMOSOME ANALYSIS
BLOOD: 3cc sodium heparin (green top) or TISSUE: 3x3 mm² in Sterile Media

☐ Routine Chromosomes
☐ Neonatal Chromosomes ☐ STAT
☐ Mosaic Chromosome Study
☐ Skin ☐ Autopsy ☐ Other
3x3 mm² in Sterile Media
☐ Chromosomes ☐ Cryopreservation
☐ Send out testing for: _____

FISH - CONSTITUTIONAL (CS)
FISH ANALYSIS
BLOOD: 3cc sodium heparin (green top)

☐ 1p36 deletion Syndrome
☐ Ambiguous genitalia Sex XX / XY
☐ Angelman Syndrome 15q
☐ Cri du Chat Syndrome 5p
☐ DiGeorge/VCF Syndrome 22q
☐ Kallmann Syndrome Xp
☐ Miller-Dieker Syndrome 17p
☐ Neurofibromatosis (NF1) 17q
☐ Prader-Willi Syndrome
☐ Smith-Magenis Syndrome 17p
☐ Sotos Syndrome 5q
☐ SRY Yp Male determination
☐ Steroid Sulfatase (STS) deficiency Xp
☐ Trisomy 13 ☐ Trisomy 18 ☐ Trisomy 21
☐ Williams Syndrome 7q
☐ Wolf-Hirschhorn Syndrome 4p
☐ FISH Not otherwise specified: _____

ONCOLOGY CYTOGENETICS (CSO)
KARYOTYPE / CHROMOSOME ANALYSIS
BONE MARROW/BLOOD: 3cc sodium heparin (green top)

☐ Bone Marrow Chromosomes
☐ Leukemic Blood Chromosomes
☐ Solid Tumor ***3x3 mm² in Sterile Media***
☐ Lymphoma ***3x3 mm² in Sterile Media***

FISH - ONCOLOGY (CSO)
FISH ANALYSIS
BONE MARROW / PERIPHERAL BLOOD: 3cc sodium heparin (green top)
TUMOR touch prep slides: prepare 2 to 3 slides by gently touching tumor surface (to cover ~15mmx15mm area) to middle of slide; immediately transfer slide to 3:1 methanol: acetic acid (Carnoy's fix) for 5 mins., Air dry

ONCOLOGY FISH PANELS

☐ ALL FISH Panel (please specify):
☐ B-CELL
☐ High Risk B-CELL
☐ T-CELL
☐ AML FISH Panel
☐ AML FISH Panel + PML/RARA
☐ B-CELL Lymphoma FISH Panel
☐ BRAIN/CNS Tumor Panel
☐ EOSINOPHILIA FISH Panel
☐ MDS FISH Panel
☐ MEDULLOBLASTOMA Panel
☐ NEUROBLASTOMA Panel
☐ PH-Like ALL FISH Panel
☐ SARCOMA – 3 probe Panel
☐ TUMOR (NOS) – Custom Panel - 5 probes

INDIVIDUAL PROBES
Please inquire
☐ FISH Not otherwise specified: _____

BONE MARROW TRANSPLANTATION MONITORING
FISH: *BONE MARROW / PERIPHERAL BLOOD: 3cc sodium heparin (green top)*

☐ Post BMT XX/XY by FISH

STR ANALYSIS
BONE MARROW / PERIPHERAL BLOOD: 0.5cc EDTA (lavender)

BMD
☐ Donor Specimen
STRPRE
☐ Pre Transplant Recipient
STRPOST
☐ Post-Transplant Recipient

LINEAGE SPECIFIC STR ANALYSIS
BLOOD: 8.5 cc ACD (yellow top)
BONE MARROW: 4cc ACD (yellow top)

STRPOST1
☐ Post-Transplant, Lineage-Specific **(check all that apply)**
☐ Whole
☐ T-cell
☐ B-cell
☐ Myeloid
☐ NK

SPECIMEN COLLECTION DATE: _____ TIME: _____ DRAWN BY: _____

FORM COMPLETED BY: _____

CLIA ID: 10D0700790, CAP: 153609-01

PATIENT ID:

UNLESS OTHERWISE SPECIFIED - SHIP AT ROOM TEMP TO:
Johns Hopkins All Children's Hospital
601 Fifth Street South
St. Petersburg, FL 33701
ATTN: Pathology and Laboratory Medicine, Cytogenetics Dept. 6500001504

PHYSICIAN SIGNATURE: _____ **DATE:** _____

WHITE: ORDERING UNIT YELLOW: LAB