Neuberg Supratech
REFERENCE LABORATORIES

Neuberg DIAGNOSTICS | CENTER FOR GENOMIC MEDICINE

TEST REQUISITION FORM

(Bone Marrow, Flow cytometry, Molecular Haematooncology, Cytogenetics)

Patient Details:

Patient's Name: _____ **Date:** _____ **Age:** _____

Sex: ☐ Male ☐ Female ☐ Others **Sample Type :** PB ☐ EDTA ☐ Heparin BM ☐ EDTA ☐ Heparin

Contact No: _____ Others: _____

Referring Clinician:

Referred by: _____ **Contact No:** _____

Suspected Diagnosis:

☐ Acute Leukaemia ☐ JMML ☐ MDS ☐ CML ☐ MPN ☐ Chronic Leukaemia
☐ CMML ☐ B-NHL ☐ AML ☐ MDS/MPN ☐ ALL ☐ CLL ☐ Unknown ☐ Lymphoma
☐ Acute Leukaemia of ambiguous lineage ☐ Others (Please Specify): _____

Tests to be performed:

Bone Marrow

☐ BM procedure aspiration and reporting-(T1136) ☐ BM aspirate reporting-(T2411) ☐ BM biopsy reporting/review-(T2148)

Flow Cytometry (EDTA sample)

☐ Acute leukaemia panel (T2253)
☐ CD34 enumeration (G2311)
☐ Lymphocyte subset analysis (T,B,NK) (T2544)
☐ Chronic leukaemia panel (T2254)
☐ MRD Panel (T2255)
  ☐ T-ALL MRD Panel
  ☐ B-ALL MRD Panel
  ☐ Others
☐ PNH testing (T1519)
☐ Acute/chronic leukaemia panel (T2253)
☐ CD19/CD19 (B) (T2940)
☐ CD16+56 (NK) (T1013)

Molecular haematooncology (EDTA sample)

NGS

☐ Imatinib resistance mutation analysis (IRMA) by NGS (T2552)
☐ IgVH mutation analysis for CLL by NGS (MH003)
☐ JAK2 Panel: Exons 12 to 15 (includes V617F) (MH002)
☐ Onco haem: DNA only by NGS with HIGH DEPTH(MRD)-T815
☐ NGS for myeloma (PlasmaSeq) (MH020)

☐ Oncohaem panel (DNA+RNA) by NGS - (MH004)
☐ Oncohaem panel DNA only by NGS - (T4516)
☐ Oncohaem panel RNA only by NGS - (T4517)
☐ Oncohaem PLUS panel by NGS (SNVs/small indels + Fusion) (MH017)
☐ Oncohaem PLUS panel by NGS (SNVs/small indels only) (MH018)
☐ Oncohaem PLUS panel by NGS (Fusion only) (MH019)

Scan & Click Here for Oncohaem Plus Brochure

Scan & Click Here for Gene Details

Non NGS

☐ BCR : : ABL1 multiplex for detection of transcripts Qualitative (G2232)
☐ BCR : : ABL1(IS) Quantitative Analysis (p210 only) (MH001)
☐ Minor BCR : : ABL1 p190 Quantitative (T4472)
☐ JAK2 mutation study (V617F only) (G2127)
☐ RUNX1 : : RUNX1T1 (AML1-ETO) fusion for MRD-(T902)
☐ RUNX1 : : RUNX1T1 (AML1-ETO) fusion for MRD FIRST TIME-T901
☐ PML : : RARA detection (Quantitative Analysis) (G1955)
☐ PML : : RARA detection (Quantitative Analysis) (G2125)
☐ Chimerism Study (T2256)
☐ Split cell chimerism study (T-cells) (T3895)
☐ CBFB-MYH11 (INV16) fusion for MRD-(T883)
☐ CBFB-MYH11 (INV16) fusion for MRD FIRST TIME-(T882)
☐ FLT3 ITD by fragment length analysis (T2227)

Sample preservation for ☐ DNA ☐ RNA

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Cytogenetics (Sodium heparin sample)

- ☐ Bone Marrow Karyotyping-(T1610)
- ☐ FISH for AML panel [inv(16), MLL/KMT2A, PML-RARA, AML/ETO(RUNX1::RUNX1T1)]-(T2521)
- ☐ FISH for ALL panel [E2A/TCF3, MLL/KMT2A, BCR::ABL1, TEL-AML1(ETV6::RUNX1)]-(T2519)
- ☐ FISH for Trisomy 8-(CY11)
- ☐ FISH for PML::RARA detection [t(15;17)] (T2480)
- ☐ FISH for CLL panel {del(17p)(TP53), del(13q), del(11q), Trisomy 12}-(T2518)
- ☐ FISH for del(5q) [5q31/5q33/5p15] (T2493)
- ☐ Preserve sample till pellet stage-(CY015)
- ☐ FISH for del(7q) [7q22/7q35]-(T2494)
- ☐ FISH for BCR::ABL1 [t(9;22)]-(T1604)
- ☐ FISH for AML1/ETO{ RUNX1::RUNX1T1} [t(8;210]-(CY01)
- ☐ FISH for MDS [del(5q), del(7q), del(20q)] (T2335)
- ☐ FISH for MLL/KMT2A {breakapart) (T2495)
- ☐ FISH for TEL::AML1 [t(12;21)/ETV6::RUNX1]-(CY10)
- ☐ FISH for 11q (ATM)-(T2497)
- ☐ Other : please specify _____
- ☐ FISH for E2A/TCF3 detection (CY02)
- ☐ FISH for IgH-(T2501)
- ☐ FISH for inv(16) [CBFB::MYH11] (CY03)
- ☐ FISH for MM [1q gain/amp, IGH, del{17p}(TP53), del(13q), del(11q), Trisomy 12, t(4;14), t(11;14), t(14;16)] (T2522)
- ☐ FISH for PDGFR A-(T2498)
- ☐ FISH for PDGFR B-(T2499)
- ☐ FISH for 17p {p53}-(T2496)

Time Point

At Diagnosis: Yes/No. If under treatment, mention the time point with date of diagnosis

Presenting Complaints

Organomegaly

Liver : Spleen : LN: If LN present, specify:

Treatment History

Transfusion history {Yes/No/if yes, date of last BT):

Family History :

Other investigations done elsewhere

(CBC/BM/IPT/Cytogenetics/FISH/Molecular/Biochemistry & Serology):

*Please note: The samples must reach the lab within 12-24 hours of collection

Signature Of Clinician

PATIENT CONSENT: I have had the opportunity to ask questions to my healthcare provider regarding this test, including the reliability of test results, the risks and the alternatives prior to giving my informed consent. I have read and understood the above/ have been explained the above in a language of my understanding and permit NCGM to perform the recommended genetic analysis.I understand that a repeat sample may be required in case if the lab results are not reportable due to any reason. I understand that the data derived from my genetic testing may be stored indefinitely as a part of the laboratory database. This data always stored in de-identified form. I understand my de-identified data/sample may be used for research collaborations as well as scientific presentations and publications.

Patient/ Guardian Signature:

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