CANCER GENETICS AND GENOMICS LABORATORY
MYELOID TESTING

BC CANCER
DEPT. OF PATHOLOGY AND LABORATORY MEDICINE
ROOM 3307 - 600 WEST 10TH AVENUE
VANCOUVER BC V5Z-4E6

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FAX: 604-877-6294
MON-FRI 8:30AM-4:30PM
WWW.CANCERGENETICSLAB.CA
INFO@CANCERGENETICSLAB.CA

See website for Myeloid, Lymphoid, Solid Tumor and Hereditary Cancer information and requisitions

ADDRESSOGRAPH OR PATIENT LABEL

PATIENT INFORMATION

Last Name	First and Middle Names		
Date of Birth dd/mmm/yyyy	Gender □ M □ X □ F	PHN	BC Cancer ID#

REQUESTING PHYSICIAN (PLEASE SIGN BELOW)

Name	MSC
Phone	Fax
Address	

SPECIMEN

Specimen Type	Myeloid Panel Special Criteria	Collection Date (dd/mmm/yyyy)
□ PB □ BM Aspirate □ MAA (□ PB □ BM) □ CGL Specimen □ Other_____	Collect separate 0.5mL fresh marrow aspirate in EDTA, plus: **AML/MPN**: include marrow report **MDS:** include cytogenetic report and marrow report	Referring Lab/Hospital Sample ID Originating Hospital

COPY PHYSICIANS (ALL INFORMATION IS NECESSARY)

Name	MSC
Address	
Name	MSC
Address	
Name	MSC
Address	

REASON FOR TESTING / DIAGNOSIS / CLINICAL HISTORY (REQUIRED FOR TEST TO PROCEED)

		CYTOGENETICS (FISH/KARYOTYPE)	MOLECULAR Myeloid panel may detect variants associated with hereditary conditions. See website or contact the lab for genes and details.
MYELOID	**Acute Myeloid Leukemia**	□ Karyotype (BM only) □ FISH (specify probes): _____	□ Myeloid Panel (patient eligible to receive chemo/targeted therapy or SCT) □ *FLT3* ITD & TKD (new Dx only)
	Acute Promyelocytic Leukemia	□ *PML/RARA* t(15;17) Diagnostic FISH □ Karyotype (BM only)	*PML/RARA*: □ MRD Baseline □ MRD Monitor □ query APL
	Chronic Myelogenous Leukemia	□ *BCR/ABL1* t(9;22) Diagnostic FISH □ Karyotype (BM only)	*BCR/ABL1*: □ MRD Baseline □ MRD Monitor □ Kinase Domain Current therapy: _____
	Mastocytosis	□ *FIP1L1/PDGFRA* (with eosinophilia)	□ *KIT* D816 V/F
	Myelodysplastic Syndrome	□ Karyotype (BM only)	**Myeloid panel** (restricted to hematologists or hematopathologists) □ <60 y.o.; any karyotype □ 60-80 y.o.; normal marrow karyotype □ IPSS Int-1 or IPSS-R Intermediate; any karyotype
	Myeloproliferative Neoplasm	□ *BCR/ABL1* t(9;22) Diagnostic FISH □ Karyotype for MF or CMML (BM only)	**Myeloid panel** □ *JAK2* V617F negative; ET/MF/PV; restricted to hematologists or hematopathologists □ *JAK2* V617F positive; MF; restricted to LEUK/BMT physicians considering SCT ***JAK2* V617F Single-gene testing** □ Erythrocytosis (Elevated RBC) □ Elevated Hb/Hct (for men/women= Hb >165/160 g/L or HCT >49/48%) □ Thrombocytosis (>450x10^9/L) □ Leukoerythroblastic blood film □ Abdominal vein thrombosis □ Other (specify in clinical history)
OTHER	**Chimerism**		Pre-transplant assessment: □ Donor □ Recipient □ Post-transplant assessment
	Lymphoid and Myeloid neoplasm with Eosinophilia	□ *FIP1L1/PDGFRA* □ *PDGFRB* □ *FGFR1* □ *JAK2*	
	Multiple Myeloma	□ *FGFR3/IGH, TP53, MAF/IGH, CCND1/IGH* (BM only),	

PHYSICIAN SIGNATURE (REQUIRED) **DATE**

LAB USE ONLY

	Tubes #	EDTA mL	NaHep mL	Media mL	Other
PB					
BM					
Other					