

HEMATOLOGY REQUISITION FORM

Identification (Mandatory):		GenoMed use only
Name:		Label
Gender: F <input type="checkbox"/> M <input type="checkbox"/>	Referring doctor:	
Date of birth:	Hospital/Service:	
Identification number:	Telephone or email:	
Do you authorize the report to be sent by email? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate the <u>institutional e-mail adress</u> : _____		
Clinical Data and Diagnosis:		
		Leucocyte count Blast infiltration (%).....
Clinical Situation: Inicial Diagnosis <input type="checkbox"/> Relapse <input type="checkbox"/> Monitoring <input type="checkbox"/> Therapy: No <input type="checkbox"/> Yes <input type="checkbox"/> Which?		
Bone Marrow Transplant (BMT): No <input type="checkbox"/> Yes <input type="checkbox"/> Date: _____		Recipient: Pre-BMT <input type="checkbox"/> Post-BMT <input type="checkbox"/>
Donor: Gender F <input type="checkbox"/> M <input type="checkbox"/> Relative <input type="checkbox"/>		Panel <input type="checkbox"/>
Sample: Peripheral Blood <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Lymph Node <input type="checkbox"/> Other <input type="checkbox"/>		Collection: Date:/...../..... Time.....
TEST DIRECTORY:		
COLLECTION IN HEPARIN TUBE		COLLECTION IN EDTA TUBE- MOLECULAR BIOLOGY
CONVENTIONAL CYTOGENETIC		COLLECTION IN EDTA TUBE- MOLECULAR BIOLOGY
34100 Karyotype (cell culture + analysis)	<input type="checkbox"/>	34201 DNA Extraction
34025 Cell Culture without analysis	<input type="checkbox"/>	34205 RNA Extraction
		34201 Processing for Molecular Biology Tests
		34425 Post-transplant Chimerism Analysis
COLLECTION IN HEPARIN OR EDTA TUBE		COLLECTION IN EDTA TUBE- MOLECULAR BIOLOGY
34900 Processing for FISH studies	<input type="checkbox"/>	Fusion gene transcripts
FISH: *Paraffin embedded tissue sections (3x50 µm): 31710		34412 t(8;21) RUNX1::RUNX1T1
Chronic Lymphocytic Leukemia		34409 t(15;17) PML::RARA
5x34156* Panel 1 - 11q-, 17p-, +12, IgH, 13q-	<input type="checkbox"/>	34584 inv(16) CBFβ::MYH11
7x34156* Panel 2 - 11q-, 17p-, +12, IgH, 13q- (D13S319 e D13S25), 6q-	<input type="checkbox"/>	34209 t(4;11) KMT2A::AFF1
Myelodysplastic Syndrome		34403 t(9;22) BCR::ABL1
3x34156 Panel 1 - 5q-, 7q-, 20q-	<input type="checkbox"/>	34418 t(1;19) TCF3::PBX1
5x34156 Panel 2 - 5q-, 7q-, 20q-, +8, 17p-	<input type="checkbox"/>	34210 del(1) SIL::TAL1
36301 Panel 3 - 5q- (5q31 and 5q33-34), 7q-, 20q-	<input type="checkbox"/>	34622 t(12;21) ETV6::RUNX1
		36300 del(4)(q12;q12) FIP1L1::PDGFR α
Multiple Myeloma		Quantification of fusion gene transcripts
36229 Panel 1 - clg-FISH: 13q-, 17p-, t(4;14), t(11;14), t(14;16)	<input type="checkbox"/>	36219 t(9;22) BCR::ABL1- p190
7x34156 Panel 2 - clg-FISH: 13q-, 17p-, t(4;14), t(11;14), t(14;16), 1q+, aneuploidias 5, 9 e 15	<input type="checkbox"/>	36219 t(9;22) BCR::ABL1- p210
4x34156 Panel 3 - clg-FISH: 17p-, t(4;14), t(14;16), 1q+	<input type="checkbox"/>	Mutation Assays
Diffuse Large Cell Lymphoma		36220 BCR::ABL1 Resistant Mutation Assay (Sanger)
3x34156* t(14;18), MYC and BCL6	<input type="checkbox"/>	34900 BCR::ABL1 Resistant Mutation Assay (NGS)
Follicular Lymphoma		36214 FLT3 Mutation Assay(ITD e TDK)
34156* t(14;18)	<input type="checkbox"/>	36215 NPM1 Mutation Assay
Burkitt Lymphoma		34900 CEBPA Mutation Assay
34156* t(8;14)	<input type="checkbox"/>	34900 IDH1 Mutation Assay – exon 4
Malt Lymphoma		34900 IDH2 Mutation Assay – exon 4
2x34156* t(11;18) and t(14;18) IgH::Malt1	<input type="checkbox"/>	34847 Kit D816V Mutation Assay
Mantle Cell Lymphoma		34900 ASXL1 Mutation Assay – exon 12
34156* t(11;14)	<input type="checkbox"/>	36250 JAK2 V617F Mutation Assay
Neoplasms with eosinophilia		34900 CALR Mutation Assay - exon 9
34156 PDGFR β	<input type="checkbox"/>	36245 MPL W515L/K Mutation Assay
34156 FGFR1	<input type="checkbox"/>	36251 JAK2 Mutation Assay- exon 12
Acute Myeloid Leukemia (AML)		36168 Mutational Status of IGHv genes
4x34156 t(15;17), t(8;21), KMT2A, inv(16)	<input type="checkbox"/>	34900 TP53 Mutation Assay
Chronic Myeloid Leukemia (CML)		34900 MYD88 L265P Mutation Assay
34156 t(9;22)	<input type="checkbox"/>	34900 CXCR4 (c-terminal) Mutation Assay
		36314 BRAF V600E Mutation Assay
		34900 PTPN11 Mutation Assay (3, 8, 13)
Lymphomas – Fusion gene		Clonality Assays
34610 t(14;18) BCL2::IgH	<input type="checkbox"/>	36166 B Clonality Assay – IgH
34610 t(11;14) BCL1::IgH	<input type="checkbox"/>	36166 B Clonality Assay – IgK
		36167 T Clonality Assay - TCRB
		34900 T Clonality Assay - TCRG
Other Panels		
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Other Studies		
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Signature of the Referring Doctor:		Date:/...../.....

CONTACT PERSONS: Dra. Sónia Matos, MSc/ Dra. Sónia Santos, PhD (smatos@medicina.ulisboa.pt) soniasantos@medicina.ulisboa.pt Ext. 47301/ 47326

