



บริษัท ศูนย์ ดี เอ็น เอ จำกัด

DNA CENTER CO., LTD.

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www.dnacenter-thailand.com

ISO 9001 certified Cytogenetics Laboratory Service



For DNA Center use only

BARCODE

LAB No.

Cancer Genetics Test Request Form

Patient Information

Name : _____ Age : _____ HN : _____ Gender: ☐ Male ☐ Female

Hospital/Address: _____ Tel.: _____

Referring physician: _____ Date Specimen Collected : _____

Requested by : _____ Date : _____ Time : _____

Specimen type

- ☐ **Bone marrow** (Heparinized BM 3-5 ml.)
- ☐ **Blood for Leukemia / Oncology Peripheral blood** (Heparinized PB 3-5 ml.)
- ☐ **Tissue** (please specified) _____
- ☐ **Other** _____

Reason for Referral

- ☐ Initial diagnosis ☐ Follow up ☐ Post BMT/SCT [Sex of Donor Cells : Male/Female]

Clinical Diagnosis

- | | | | | | |
|-------------------------------------|---------------------------------------|--|---|---|---|
| ☐ Anemia | ☐ Leukocytosis | ☐ MDS | ☐ ALL | ☐ Lymphocytosis | ☐ MPD |
| ☐ APL | ☐ Lymphoma | ☐ Sarcoma | ☐ AML | ☐ Hodgkin lymphoma | ☐ Ewing sarcoma |
| ☐ Adenopathy | ☐ NHL | ☐ Thrombocythemia | ☐ CML | ☐ Burkitt lymphoma | ☐ Thrombocytopenia |
| ☐ CLL | ☐ Myeloma | ☐ PV | ☐ Multiple myeloma | ☐ Leukopenia | |
- ☐ Other _____

Test Requested : (Please check all that apply)

☐ Chromosome Analysis

☐ FISH (Other probes available, please contact lab for info)

- | | | |
|---|--|--|
| ☐ BCR/ABL, t(9;22) | ☐ PML/RARA, t(15;17) | ☐ FIP1L1-CHIC2-PDGFR(4q12)Del,Break |
| ☐ BCL 6 (3q27) Break apart | ☐ CBFB/MYH11, t(16;16), inv(16) | ☐ IGH/MYC, t(8;14) |
| ☐ ATM (11q22.3) | ☐ TP53 (17p13.1) | ☐ DLEU (13q14.3) |
| ☐ 12cen | ☐ MYB (6q23.3) | ☐ 1p32/1q21 |
| ☐ IGH/BCL2, t(14;18) | ☐ MYEOV/IGH, t(11;14) | ☐ 5q31/5q33/5p15 |
| ☐ FGFR3/IGH, t(4;14) | ☐ EWSR1 | ☐ Sex-mismatched for post BMT/SCT (XX/XY) |
| ☐ CLL probe panel | ☐ MM probe panel | ☐ t(8;21) |
- ☐ Other _____

☐ Molecular Genetics Test

- ☐ **BCR/ABL (p210) quantitation by RQ-PCR method** (EDTA BM/PB 12 ml.)
- ☐ **JAK2 V617F mutation** (EDTA BM/PB 3 ml.)

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Received Date : _____ Time : _____

Specimen quality:

Container ☐ _____ Tube (s) ☐ _____ Syringe (s)

Volume : _____ ml.

Remark : _____

Previous report found :

☐ YES ☐ NO

Previous LAB No. _____