

**CYTG- F10 Cytogenetics Request Form**  
**Department of Clinical Laboratories**  
**The Ohio State University Wexner Medical Center**

**ALL FIELDS MUST BE COMPLETED BELOW**

<b>Name of Submitting Institution:</b>		Priority (circle one):  ROUTINE      ADD-ON	<b>Patient Name and Medical Record Number:</b>	
Location/Room Number:	<b>Collect Date/Time:</b>	For results delivery during a downtime: In House Tube Station # _____  or Ambulatory Fax Number # _____	<b>DOB:</b>	<b>Sex Assigned at Birth (SAAB)</b>  <input type="checkbox"/> Male <input type="checkbox"/> Female
			<b>Ordering Provider (NAME REQUIRED):</b>	
Unit/Floor:		<b>Ordering Provider Signature (REQUIRED):</b>		
Contact Phone # (RN):		<b>Post-transplant recipient: +days</b> _____  Sex mismatch:      Yes      No		
<b>Specimen Type:</b>	Bone Marrow	Other Source:		
	Peripheral Blood	Explain: _____		
<b>ICD-10 Code(s):</b>		<b>Cytogenetics Laboratory</b> 680 Ackerman Rd. Room D429 Columbus, OH 43202 Phone: (614) 293-9898 Fax:(614) 293-9919		
Required for Emergency Department and Ambulatory patients (including clinics).				
NOTE: All tests should be MEDICALLY NECESSARY, as supported by the medical record, for diagnosis or treatment, NOT FOR SCREENING. OUTPATIENT requests require Clinical Indications for tests: PLEASE INCLUDE ICD10 CODE (S) FOR SIGN, SYMPTOM, OR DEFINITIVE DIAGNOSIS.				

**Test(s) requested:**

**Chromosome Analysis**

**FISH Panels**

- CLL Panel
- Myeloma Panel  
CD138+ enriched cells (BMA only)
- AML Panel
- ALL Panel
- MPD Panel
- Eosinophilia Panel
- MDS Panel (Reflex Only)  
Performed only if chromosome analysis is insufficient
- NHL B-Cell Panel
- NHL T-Cell Panel

**Other FISH Probes**

- CRLF2
- P2RY8
- PBX1/TCF3
- ABL2
- PDGFRB
- DEK/NUP214
- JAK2
- ABL1
- BCR/ABL1
- NUP98
- KMT2A
- PML/RARA
- CBFβ
- TP53/CEP 17
- MYC
- CDKN2A/CEP 9
- IGH
- IGH/MYC/CEP 8
- IGH/CCND1
- BIRC3/MALT1
- TCL1
- TRB (TCRB)
- ALK

OTHER: \_\_\_\_\_

\*Additional testing information can be found in the Test Catalog at:  
<https://wexnermedical.osu.edu/healthcare-professionals/clinical-labs/test-catalog>

**INSTRUCTIONS FOR SUBMITTING SAMPLES**

**Bone marrow aspirate:** Best specimen is obtained from first pull. Place in sodium heparin (solid green top) tube and mix well to prevent clotting.  
**If dry tap:** Send Peripheral Blood (PB) Specimen (if blasts are present).  
**Peripheral blood:** Aseptically collect blood in sodium heparin (solid green top) tube and mix well to prevent clotting.  
**Bone biopsy:** Place 2 cm biopsy core in sterile isotonic media (or Hepes media from James Stat Lab).  
**Take specimens to CPA, 410 West 10th Ave., Room S326 Rhodes Hall, Columbus, Ohio.**  
**TRANSPORT ALL SPECIMENS TO LAB ASAP. DO NOT REFRIGERATE OR FREEZE!!!**