



Colorado Genetics Laboratory
www.coloradogeneticslab.com

CANCER
TEST REQUEST FORM

Revised October 2023

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Aurora, Colorado 80045
(303) 724-5701
(888) 659-4932 Toll Free
(303) 724-5795 Fax

PATIENT INFORMATION

Patient Last Name _____ First Name _____ Middle Initial _____ Sex: M F
Date of Birth _____ Hospital/ID # _____ INPATIENT _____ OUTPATIENT _____

REFERRED BY

PHYSICIAN _____ FACILITY _____
Address _____ Address _____
Phone _____ FAX _____ Phone _____ FAX _____
Email _____

BILLING

Medicare will only pay for tests that meet Medicare coverage criteria, and are reasonable and necessary to treat or diagnose an individual patient, or claims may be denied (see NCD190.3).

Bill charges to: Patient Insurance* Hospital Physician/Clinic * Attach billing information

SIGNS, SYMPTOMS, DIAGNOSIS, AND ICD10 CODES

REQUIRED FOR SPECIMEN PROCESSING (PLEASE DO NOT USE "RULE OUT")

In addition to the studies requested, I authorize the laboratory to perform FISH (fluorescence *in situ* hybridization) if indicated by the patient's clinical history or cytogenetic results.

Physician/Authorized Signature: _____

SPECIMEN COLLECTION

Date Collected _____ Time _____ AM _____ PM _____ Amount Collected _____

SPECIMEN INFORMATION

Bone marrow aspirate	Peripheral blood	CML	Myelodysplasia
Bone marrow core biopsy	Lymph node	AML	B-cell lymphoma
Solid tumor (source):	FFPE slides (4 micron on Plus Slides)	ALL	T-cell lymphoma
	(source):	Myeloma	CLL
Other (specify):			Other:

Transplant Information

Is the patient post transplant? Yes _____ If Yes, sex of donor: M F

STUDIES REQUESTED

Chromosome analysis

Oncology Microarray Focused Hematologic Disorders _____ Lineage/Type _____ % Blasts
Focused Solid Tumors: ___ Wilms ___ Neuroblastoma ___ Whole Genome _____ % Tumor Burden

Specimen Types _____ Frozen _____ Snap Frozen _____ FFPE Block _____ FFPE scrolls _____ Other Tissue Blood/Bone Marrow _____
Non-tumor tissue for germline study: ___ Blood ___ Buccal

FISH Studies for:

BCR::ABL1 t(9;22)	ALL Panel *	Initial CLL Panel (ATM; 12; 13q14; IGH::CCND1;TP53)
Chimerism (for BMT patients)	APL Panel* (Stat results)	Follow-up CLL Panel (ATM; 12; 13q14; TP53)
EGFR	AML Panel*	Large B cell Lymphoma Panel (MYC; IGH::MYC; BCL2; BCL6; IGH, TP53)
IGH (BAP)	Contact CGL if stat results are needed	MALT Lymphoma Panel (BCL6 for +3; MALT1; BIRC3::MALT1)
KMT2A (11q23)	Eosinophilia Panel*	Marginal Zone Lymphoma Panel (BCL6 for +3; 7/7q; TP53)
MECOM (EVI1)	MDS Panel *	Neuroblastoma Panel (MYCN/2cen; 1p36; ATM)
PCM1::JAK2	MPN Panel *	Medulloblastoma Panel (MYCN; MYC; SEC63/6cen)
PML::RARA t(15;17)	Myeloma panel *	Ependymoma Panel (1p36/1q25; CDKN2A; EGFR)
PTEN	Myeloma panel *	IGH::CCND1
TP53 (17p13.1)	plus reflex MYC; IGH/MYC	IGH::BCL2
1p36/1q25 deletion	Ph-like ALL panel*	IGH::MYC & MYC (BAP)
19q13 / 19p13 deletion		
Screen for prior abnormal clone		
Other (specify):		

Additional FISH studies available.

*Please see our website for complete FISH Test list and Oncology FISH panels or call the laboratory.

PATIENT LABEL HERE

All tests include interpretation and report by board-certified PhD cytogeneticist unless checked here.