

## SPECIAL TEST REQUEST

### Specimen type:

- Bone Marrow Aspirate  
 Bone Marrow Core     Spleen  
 Peripheral Blood     Tissue \_\_\_\_\_  
 Lymph Node         Other \_\_\_\_\_

\*Date obtained: \_\_\_\_\_ Time: \_\_\_\_\_

\*(Must be filled in to process)

Addressograph

Diagnosis: \_\_\_\_\_

Date of last treatment: \_\_\_\_\_

- Newly diagnosed                       Post transplant  
 Post treatment                         Auto     Allo  
 Follow-up                                Specify donor sex:  
 Relapse                                     Male    Female  
 Other: \_\_\_\_\_

Protocol #: \_\_\_\_\_

Research Nurse: \_\_\_\_\_

Pager/extension: \_\_\_\_\_

Special Requests: \_\_\_\_\_

### CYTOGENETICS                                      SCIENCE RM S509                                      PHONE (716) 845-4491

- Conventional Cytogenetics, and if further clarification required, authorize FISH  
 Fluorescence *in situ* hybridization (FISH)  
 Other, please specify \_\_\_\_\_

### FLOW CYTOMETRY                                      SCIENCE RM S632                                      PHONE (716) 845-3528

Select one of the following:

- Leukemia screen                                       Immunodeficiency                                       CD34 Count  
 Lymphoma/ALL                                         CD4/CD8 screen                                         PNH  
 AML/CML/MDS                                         Multiple myeloma                                         Normal donor  
 Mycosis fungoides/Sezary                                       CSF     DNA index/cell cycle  
 NKT/LGI Panel                                         Other: \_\_\_\_\_                                         CLL     ZAP 70

### MOLECULAR DIAGNOSTICS                                      SCIENCE RM S532                                      PHONE (716) 845-4456

- B-cell clonality assay                                       Bcr/Abl t(9;22), p190 (ALL)                                       Chimerism  
 T-cell clonality assay                                       Bcr/Abl t(9;22), p210 (CML)                                       Other: \_\_\_\_\_  
 BCL-2 t(14;18)     PML/RAR $\alpha$  t(15;17)    \_\_\_\_\_

### PROCUREMENT    SCIENCE RM 3920    PHONE (716) 845-8098

- Marrow for viable cells                                       RNA  
 Serum     DNA  
 Plasma     Other: \_\_\_\_\_  
 Peripheral blood for viable cells

### \*TEST REQUESTED BY:

PRINTED NAME OF PHYSICIAN/HEALTH CARE  
PRACTITIONER REQUESTING TEST

SIGNATURE OF PHYSICIAN/HEALTH CARE                                      DATE  
PRACTITIONER REQUESTING TEST

PLEASE SEND TEST RESULTS TO:

PHYSICIAN NAME

### FOR LAB USE ONLY

DATE RECEIVED: \_\_\_\_\_ TIME: \_\_\_\_\_

LAB ID# \_\_\_\_\_

COMMENTS: \_\_\_\_\_