

Hematology Molecular Diagnostic UKH-HZL/ CGL
Inselspital, Freiburgstrasse 18, CH-3010 Bern

Management: Dr. sc. nat. Naomi Porret
Clin. Sci. Ramón Benítez Brito

Lab.Contact:
Tel. 031 632 03 09, Fax 031 632 03 10
e-mail: naomi.porret@insel.ch
e-mail: ramon.benitezbrito@insel.ch
e-mail: tumorzytogenetik@insel.ch

**Referral Form for Hematology
Tumor-Cytogenetics
Fluorescence *in situ* Hybridization (FISH)**

Patient: Family Name, Name, D.O.B., Gender, Address

Sender (Please, give exact address)	Billing address	Copy to (Please give exact address):
Hospital: Department: Doctor: Tel./Pager: Fax:	<input type="checkbox"/> Patient <input type="checkbox"/> Referring Doctor <input type="checkbox"/> Other:	

Collection date (mandatory)	Sample Material
Date taken	<input type="checkbox"/> Bone marrow (Heparin) <input type="checkbox"/> Peripheral blood (Heparin) <input type="checkbox"/> Others.....
Time taken	

Clinical Details / Diagnosis		
<input type="checkbox"/> MM <input type="checkbox"/> CLL <input type="checkbox"/> Eosinophilia <input type="checkbox"/> MDS <input type="checkbox"/> MCL <input type="checkbox"/> T-ALL <input type="checkbox"/> B-ALL <input type="checkbox"/> Other (specify).....	<input type="checkbox"/> Diagnosis <input type="checkbox"/> Suspicion <input type="checkbox"/> Relapse	<input type="checkbox"/> Therapy: <input type="checkbox"/> Transplantation Donor gender: <input type="checkbox"/> Order from stored specimen:

Analysis Provided
<input type="checkbox"/> Fluorescence <i>in situ</i> Hybridization (FISH) <input type="checkbox"/> Storage (FISH)

GENERAL INFORMATION	
SampleCollection	Monday to Friday 8.00-17.00
Sample Material	Bone marrow (Heparin) or Peripheral blood (Heparin). For AML preferably bone marrow. Bone marrow collection: Mix the sample immediately with the anticoagulant.
Minimum Vol.	5 ml
Type of Tube	PBL: Heparin without gel or granules: S-Monovette orange 7.5 ml or Vacutainer green 6 ml BM: Heparin without gel or granules: S-Monovette orange 7.5 ml or Vacutainer green 6 ml Internal BM Heparin: 1000 U/ml yellow cap tube from HZL. Phone 23307
Sample Collection	Monday to Thursday only. Please fill out the order form completely.
Shipping:	Send samples for leukaemias and multiple myeloma immediately after collection, uncooled, by express (Mondexpress Swiss Post or Cityexpress 0800 88 88 88) or courier (couriers on weekdays to: Murtenstr. 31, Pathology Acceptance). Important: The samples must reach the laboratory within 24 hours.
Turn-around-time (TAT)	FISH 2-5 days; complex analyses up to 10 days
Urgent analysis	PML-RARA is carried out immediately as an emergency investigation (please call 031 632 03 09).
Quality	Requests with incompletely labelled tubes or incompletely filled order forms cannot be accepted for safety reasons (quality assurance according to ISO 17025). Likewise, only unopened sample tubes can be accepted due to the risk of contamination.

ANALYSIS OFFER ON THE FOLLOWING PAGE

To be filled in by the laboratory:

Date of arrival Nr.

Time Vis.

**Hematology Tumor-Cytogenetics
Request**

Patient: Family name, Name, D.O.B., Gender, Address

Fluorescence *in situ* Hybridization (FISH)

Either the FISH panels or any FISH probe can be selected individually.

- Myeloma Panel:
-13/13q-, del(17p) (*TP53* Deletion), *CKS1B/CDKN2C* (P18) [1p-/1q+], *IGH* Rearrangement, *IGH-FGFR3* [t(4;14)], *IGH-MAF* [t(14;16)], *IGH-MAFB* [t(14;20)], *IGH-CCND1* [t(11;14)], *IGH-CCND3* [t(6;14)], *IGH-MYEEOV* [t(11;14)], *MYC* Rearrangement, Hyperdiploidy
- Eosinophilia Panel:
PDGFRA [incl. *FIP1L1-PDGFR* (*CHIC2* Deletion)], *PDGFRB*, *FGFR1*, *JAK2* (*PCM1-JAK2*) Rearrangements
- CLL Panel:
del(11q22.3) (*ATM* Deletion), Trisomy 12, del(13q), del(17p) (*TP53* Deletion)
- B-ALL Panel (Adult):
BCR-ABL1, *TCF3* Rear., *KMT2A* Rear.
- B-ALL Panel (Children):
ETV6-RUNX1, *BCR-ABL1*, *TCF3* Rear., *KMT2A* Rear., *IGH* Rear., *CRLF2* Rear., Hyperdiploidy
- T-ALL Panel:
TLX1 Rear., *TLX3* Rear., *TRB* Rear., *TRA/D* Rear., *TCL1* Rear., del(9p) [*CDKN2A/B*], *BCR-ABL1* / *ABL1* Amp.
- MDS Panel:
del(5q) / Monosomy 5, del(7q) / Monosomy 7, Trisomy 8, del(13q), del(20q), *MECOM* Rear. [(*EVI1*); inv(3)(q21q26) / t(3;3)(q21;q26)], del(17p), -Y
- Mantel Cell Lymphoma: t(11;14) with *CCND1* Rearrangement
- Alle Sonden:

<ul style="list-style-type: none"> <input type="checkbox"/> del(5q) / Monosomy 5 <input type="checkbox"/> del(7q) / Monosomy 7 <input type="checkbox"/> Trisomy 8 <input type="checkbox"/> <i>BCR-ABL1</i> [t(9;22)] <input type="checkbox"/> <i>PML-RARA</i> [t(15;17)] <input type="checkbox"/> <i>RUNX1-RUNX1T1</i> [<i>AML1-ETO</i>; t(8;21)] <input type="checkbox"/> <i>CBFB-MYH11</i> [inv(16)/t(16;16)] <input type="checkbox"/> <i>CBFB</i> Rearrangement <input type="checkbox"/> <i>MECOM</i> Rearrangement [(<i>EVI1</i>); inv(3)(q21q26) / t(3;3)(q21;q26)] <input type="checkbox"/> <i>KMT2A</i> Rearrangement [<i>MLL</i>; 11q23] <input type="checkbox"/> <i>KMT2A-AFF1</i> [t(4;11)] <input type="checkbox"/> Monosomy 13 / del(13q) <input type="checkbox"/> del(17p) (<i>TP53</i> Deletion) <input type="checkbox"/> <i>CKS1B/CDKN2C</i> (P18) [del(1p) / gain of 1q] <input type="checkbox"/> <i>IGH</i> Rearrangements <ul style="list-style-type: none"> <input type="checkbox"/> <i>IGH-FGFR3</i> [t(4;14)] <input type="checkbox"/> <i>IGH-MAF</i> [t(14;16)] <input type="checkbox"/> <i>IGH-MAFB</i> [t(14;20)] <input type="checkbox"/> <i>IGH-CCND1</i> [t(11;14)] <input type="checkbox"/> <i>IGH-CCND3</i> [t(6;14)] <input type="checkbox"/> <i>IGH-MYEEOV</i> [t(11;14)] 	<ul style="list-style-type: none"> <input type="checkbox"/> <i>MYC</i> (8q24) Rearrangement <input type="checkbox"/> <i>BCL6</i> (3q27) Rearrangement <input type="checkbox"/> <i>BCL2</i> (18q21) Rearrangement <input type="checkbox"/> del(9p) [<i>CDKN2A/B</i>/9q22] <input type="checkbox"/> del(11q) (<i>ATM</i> Deletion) <input type="checkbox"/> Trisomy 12 <input type="checkbox"/> <i>PDGFRA</i> (4q12) Rearrangement <input type="checkbox"/> <i>PDGFRB</i> (5q32) Rearrangement <input type="checkbox"/> <i>FGFR1</i> (8p11.2) Rearrangement <input type="checkbox"/> <i>JAK2</i> (9p24) Rearrangement <input type="checkbox"/> Centromeres: XY / 3 / 4 / 7 / 9 / 10 / 15 / 17 <input type="checkbox"/> <i>CRLF2</i> Rearrangement <input type="checkbox"/> <i>TCF3-PBX1</i> [t(1;19)] <input type="checkbox"/> <i>TCF3-HFH</i> [t(17;19)] <input type="checkbox"/> <i>ETV6-RUNX1</i> [t(12;21)] <input type="checkbox"/> <i>TLX1</i> (10q24.31) Rearrangement <input type="checkbox"/> <i>TLX3</i> (5q35.1) Rearrangement <input type="checkbox"/> <i>TRB</i> (7q34) Rearrangement <input type="checkbox"/> <i>TRA/D</i> (14q11.2) Rearrangement <input type="checkbox"/> <i>TCL1</i> (14q32.13) Rearrangement <input type="checkbox"/> del(20q) <input type="checkbox"/> del(6q)
--	---