



MOLECULAR ONCOLOGY TESTS

Laboratory Mailing Address: Univ. of Pittsburgh Dept. of Pathology
Division of Molecular Diagnostics
Room S780 Scaife Hall
3550 Terrace Street
Pittsburgh, PA 15213-2500

Division Office: (412) 648-8519 FAX: (412) 383-9594

Instructions:

1. Complete **all** information as requested. Type or print **clearly**.
2. Send lab copy of requisition with specimen.
3. Specimens can be received Monday through Friday; see Specimen requirements for weekend storage conditions.

IMPRINT PATIENT IDENTIFICATION PLATE HERE

Specimen Type and Requirements:

- Peripheral Blood:** 3 - 5 ml, collected in EDTA (purple top) tube, store at room temperature, 24 hours.
- Bone Marrow:** 0.5 - 1 ml, collected in an EDTA (purple-top) tube, store at room temperature, 24 hours.
- Tissue:** Frozen or fresh tissue may be used. A minimum of 2 x 2 x 2 mm is required (5 x 5 x 5 mm is preferred). For local facilities, we prefer the tissue to be sent fresh on wet ice to arrive in the lab on the same day. For outside facilities, the preferred approach is to snap freeze tissue directly or as cell pellets at -20 or -70°C and mail with sufficient dry ice to prevent thawing before arrival at our laboratory.

Please state tissue source:

- Paraffin Sections:** 10 sections on glass slides. More sections may be required if the tissue is small. Please call the lab if you have questions.

PCR TESTING ONLY

Sample Information	Collection Date:	Collection Time:	ICD-9 code (required):
--------------------	------------------	------------------	------------------------

Patient Identification:

Name: _____ SS#: _____ Sex: M F Birth date: _____

Ordering Facility: _____

Facility Address: _____ Phone#: () _____

FAX#: () _____

Requesting Physician Name (Required): _____

Physician Address: _____ Phone#: () _____

FAX# () _____

Name of Person Responsible for Payment: _____ Phone# () _____

Billing Address: _____

Insurance Information: _____

Clinical history:

Please "X" Appropriate Test Request(s):

- DNA and/or RNA Isolation and Storage
- Molecular Diagnostic consultation - will order appropriate studies after reviewing histopathologic and other information. Nucleic acid will be stored for potential future testing if molecular testing is not indicated.
- B-Cell Clonality Analysis (includes Immunoglobulin heavy [IgH] chain and immunoglobulin kappa [IgK] light chain gene rearrangement testing), PCR**
- CLL sequencing analysis for mutated/non-mutated IgH status
- EBV Clonality Study (Terminal Repeat Analysis), Southern Blot
- FLT3* analysis, internal tandem duplication, PCR
- FLT3* analysis, 835/836 codon analysis, PCR
- Immunoglobulin heavy chain gene rearrangement studies, Southern blot
- JAK2* V617F Mutation testing (PCR) - myeloproliferative disorders
- NPM1* mutation analysis (small insertions), PCR
- t(8;others), *c-MYC*;others, Southern blot
- t(9;22), *BCR-ABL1*, quantitative RT-PCR (lab will choose breakpoint if not indicated)
 - Major (M) breakpoint Minor (m) breakpoint
- t(14;18), *BCL2-IGH* translocation studies (all studies will be performed unless individually checked)
 - BCL2-IGH*, Major breakpoint region (Mbr), PCR
 - BCL2-IGH*, Minor cluster region (mcr), PCR
 - BCL2-IGH*, Mbr and mcr, Southern blot
- t(15;17), *PML-RARA* translocation, RT-PCR (lab will choose breakpoint if not indicated)
 - intron 3 breakpoint intron/exon 6 breakpoint
- T-cell receptor gene rearrangement studies
 - Gamma chain (PCR) Beta chain (Southern blot)
- Other (Please state test requested): _____