

(Instructions: Please complete ALL fields legibly. Missing information may delay testing or lead to rejection. Refer to laboratory guidelines for specific test indications.)

SECTION 1: PATIENT DETAILS

Detail	Information
Patient Name	
Age	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Referring Hospital UHID / Medical Record Number	

SECTION 2: PROVIDER DETAILS

Detail	Information
Referral Physician	
Referral Centre	
Contact	
Referring Physician Signature (Required)(with Seal) (Required for processing - see Section 6)	

SECTION 3: SAMPLE INFORMATION

Detail	Selection / Information
Specimen Type	<input type="checkbox"/> Peripheral blood <input type="checkbox"/> Bone marrow <input type="checkbox"/> Leukemic blood <input type="checkbox"/> FFPE Tissue (Must include Histopathology Report) <input type="checkbox"/> Other: (specify) _____
Collection Date (dd/mm/yyyy) & Time	___/___/___ ___/___
Collection Tube / Container	Blood/Bone Marrow/Leukemic Blood: Sodium Heparin (Green Top) Vacutainer FFPE Tissue: Standard block/slides Other: Specify: _____
Required Volume	Blood/Bone Marrow: Minimum 2-3 mL (Adults: If leukemic peripheral blood, 5-10 mL preferred if possible) FFPE: Standard block/slides Other: Specify: _____
Collection & Transport Instructions	<ul style="list-style-type: none"> • Use sterile technique during collection. • Label specimen container (not lid) immediately with at least two unique patient identifiers (e.g., Patient Name, UHID/MRN) and Collection Date/Time. • Sodium Heparin Tubes: Mix gently by inversion (8-10 times) immediately after collection to prevent clotting. • FFPE Tissue: Submit block/slides along with the corresponding Histopathology Report. • For Hematologic Malignancy Testing: Submit relevant Haematology (CBC/Smear) and Flow Cytometry reports with the specimen and requisition. • Transport (Non-FFPE): Maintain specimen at ambient/room temperature (approx. 18-25°C). DO NOT FREEZE. Protect from extreme heat. • Deliver specimens promptly to the lab (ideally within 24 hours for non-FFPE). • Place specimen in a sealed biohazard bag. Place completed requisition and any required reports in the outer pocket. • Unacceptable: Clotted, Frozen, Haemolyzed, Incorrect tube, Insufficient volume, improperly labelled, Delayed transport (non-FFPE), Missing required reports.
Lab Timings for Receipt	8 AM to 6 PM (Monday to Saturday)

SECTION 4: CLINICAL INFORMATION

Detail	Information
Indication for Testing (Required)	
Clinical History (Required)	
Family History	

Detailed indication is crucial for test selection & interpretation per ACMG/CAP guidelines. Provide relevant symptoms, suspected diagnosis, prior relevant testing.

SECTION 5: TEST REQUESTED

Chromosome Analysis

Selection	Test Type	Details
[]	Conventional Karyotype for haematological malignancies	(Sample: Peripheral blood / Bone marrow aspirate/ Leukemic Blood)

FISH Panels- Haematological malignancies (Fluorescence in situ Hybridization) (Check panel box to order; Probes listed are informational)

Selection	Panel Name	Probes Included (Informational)
[]	Acute B lymphoblastic Leukaemia / lymphoma (adult)	BCR-ABL1, TCF3/PBX1, MYC, KMT2A(MLL), IGH, TP53
[]	Acute B lymphoblastic Leukaemia / lymphoma (Paediatric)	BCR-ABL1, ETV6-RUNX1, TCF3/PBX1, KMT2A(MLL), IGH, Hyperdiploidy (Chr 4, 10, 17), TP53
[]	AML panel	RUNX1-RUNX1T1, CBFB inv(16), PML-RARA, RARA break-apart, KMT2A(MLL), del(5q), del(7q), Optional: del(20q)
[]	CML	BCR-ABL1
[]	CLL panel	KMT2A(MLL)/11q del, Trisomy 12, 13q del (DLEU/LAMP1), TP53/17p del, ATM
[]	MDS panel	del(5q), del(7q), +8, del(20q)
[]	Aggressive lymphoma panel	BCL6, MYC, BCL2
[]	Multiple myeloma panel	IGH break-apart, t(4;14) FGFR3/IGH, t(11;14) CCND1/IGH, t(14;16) IGH/MAF, Hyperdiploidy (Chr 5, 9, 15), TP53/17p del, 13q del (DLEU/LAMP1), del(1p32)/dup(1q21) CDKN2C/CKS1B, t(8;14) MYC/IGH, t(14;20) IGH/MAFB
[]	Eosinophilia panel	PDGFRB break-apart, PDGFRB break-apart, FGFR1 break-apart, CBFB inv(16)
[]	Ph-like acute lymphoblastic Leukaemia (ALL) panel	ABL2, PDGFRB, CSF1R, JAK2, ABL1, EPOR/19p del, CRLF2
[]	Follicular Lymphoma	IGH-BCL2 Fusion, t(14;18), IRF4/MUM1
[]	Burkitt Lymphoma	MYC t(8;14), t(2;8), t(8;22)
[]	Diffuse Large B-Cell Lymphoma	BCL6, BCL2, IRF4/MUM1
[]	Mantle cell Lymphoma	BCL1 (CCND1) t(11;14)(q13;q32)
[]	Anaplastic Large cell Lymphoma	ALK Gene Rearrangement
[]	Large B cell Lymphoma	IRF4/DUSP22 (6p25) Gene Rearrangement

FISH- Solid tumours & Sarcoma (Fluorescence in situ Hybridization) (Check panel box to order; Probes listed are informational)

Selection	Parameter Name	Information
[]	Her2/neu (ERBB2) amplification	Breast carcinoma
[]	1p/19q codeletion	Oligodendrogliomas
[]	MET amplification	Non-Small Cell Lung Cancer
[]	ALK1 rearrangement	Non-Small Cell Lung Cancer
[]	ROS1 rearrangement	Non-Small Cell Lung Cancer
[]	Neuroblastoma	MYCN (N-MYC) Gene Amplification
[]	CIC (19q13.2)	CIC-rearranged undifferentiated small round cell sarcomas
[]	DDIT3 (CHOP) (12q13)	Round cell/myxoid liposarcoma
[]	EWSR1 (22q12)	Ewing sarcoma and other tumours in the Ewing translocation family
[]	FOXO1 (FKHR) (13q14)	Alveolar rhabdomyosarcoma
[]	FUS (16p11)	Low-grade fibromyxoid sarcoma or myxoid liposarcoma/round cell liposarcoma
[]	MDM2	Well-differentiated liposarcoma/atypical lipomatous tumour or dedifferentiated liposarcoma
[]	SS18 (SYT) (18q11)	Synovial sarcoma
[]	TFE3	Alveolar soft part sarcoma; also, subsets of renal cell carcinoma, PEComa, and others
[]	Urinary Bladder cancer	Aneuploidy ch. 3/ 7/ 17 and loss of 9p21
[]	Pancreatobiliary cancer	Aneuploidy ch. 3/ 7/ 17

Individual FISH Probes (Select specific probe(s) required)

Probe / Target	Probe / Target	Probe / Target	Probe / Target	Probe / Target	Probe / Target
1. ABL1 (9q34.1) BA	13. CSF1R (5q32) BA	25. FGFR1 (8p11.2) BA	37. NUP98 (11p15.4) BA	49. ROS1 (6q22.1) BA	61. 1p36/1q25 Del
2. ABL2 (1q25.2) BA	14. DDIT3 (12q13.3) BA	26. FGFR3-IGH t(4;14) DF	38. KMT2A (MLL) (11q23) BA	50. RUNX1T1-RUNX1 t(8;21) DF	62. 19p/19q Del
3. ALK (2p23) BA	15. DEK-NUP214 t(6;9) DF	27. FOXO1 (13q14.1) BA	39. MDM2 (12q15) Amp	51. SS18 (18q11.2) BA	63. 5p15/9q22/15q22
4. ATM (11q22.3) / CEP11 Del	16. del(5q) (EGR1/CDC25C/SQSTM1)	28. FUS (16p11.2) BA	40. MECOM (EVI1) (3q26) BA	52. TCRA/D (14q11.2) BA	64. Iso (17q)
5. BCL2 (18q21.3) BA	17. del(7q) (D7S486/TES1/RELN)	29. IGH (14q32) BA	41. MYC (8q24) BA	53. TCF3-PBX1 t(1;19) DF	65. 6q21/6q23 Del
6. BCL6 (3q27-28) BA	18. del(20q) (PTPRT/MYBL2)	30. IGH-BCL2 t(14;18) DF	42. MYC (8q24.21) Amp	54. TP53 (17p13) / CEP17 Del	66. TP53/NFI
7. BCR-ABL1 t(9;22) DF	19. DLEU (13q14.2)/LAMP1(13q34) Del	31. IGH-MAF t(14;16) DF	43. MYC/IGH t(8;14) DF	55. Trisomy 8 (+8) / CEP8 Enum	67. CIC (19q13.2)
8. CBFB inv(16) BA	20. EGFR (7p11.2) Amp	32. IGH-MAFB t(14;20) DF	44. MYCN (2p24) Amp	56. Trisomy 12 (+12) / CEP12	68. IRF4/MUM1
9. CCND1-IGH t(11;14) DF	21. ERBB2 (HER2/neu) (17q12) Amp	33. IGH-MALT1 t(14;18) DF	45. PDGFRA (4q12) BA	57. CEP 4/10/17 Enum	69. TFE3
10. CDKN2A (9p21) Del	22. ETV6 (12p13.2) BA	34. IGH-MALT1 t(14;18) DF	46. PDGFRB (5q32) BA	58. XA X/Y Enum	70. CEP 3/ 7/ 17
11. CDKN2C(1p32)/CKS1B(1q21) Del/Amp	23. ETV6-RUNX1 t(12;21) DF	35. IGL (2q21) BA	47. PML-RARA t(15;17) DF	59. (7q11.23) Del	Specify Probes:
12. CRLF2 (2p22.33/1p11.32) BA	24. EWSR1 (22q12) BA	36. JAK2 (9p24) BA	48. RARA (17q21) BA	60. ATM/TP53 Del	

(Abbreviations: BA = Break Apart, DF = Dual Fusion, Del = Deletion, Amp = Amplification, Enum = Enumeration, Inv = Inversion, t = translocation)

SECTION 6: PHYSICIAN CONFIRMATION OF MEDICAL NECESSITY & INFORMED CONSENT

Statement	Confirmation
The ordering physician certifies that: 1. The test(s) ordered are medically necessary for the diagnosis or treatment of the patient, based on the clinical information provided. 2. The patient (or legal guardian) has received genetic counselling or has been informed about the test(s), including purpose, potential results (positive, negative, uncertain), benefits, risks (including potential psychosocial risks, implications for family members, possibility of incidental findings), and limitations. 3. Informed consent for testing, sample storage, and potential de-identified use for quality assurance/validation/research (as permitted by law/policy) has been obtained from the patient or legal guardian, and documentation is maintained in the patient's record.	(Physician Signature)