MGC Medical Genetic Consultants, Inc.
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GENETIC TEST REQUISITION

www.1800dnagene.com
(800) DNA-GENE

January 2024

Patient Information ___ Inpatient ___ Outpatient

Last Name	First	Middle	DOB	Sex

SSN	MR #	Telephone #	Alt. Telephone #

Street Address	City, State, Zip

Ordering Institution Information

Facility	Ordering Physician	Treating Physician
Facility Address	Facility Phone #	Physician Phone #
City, State, Zip	Facility Fax #	Physician Fax #

BILLING INFORMATION: Complete and pre-authorize if necessary, or referring facility will be billed.

PATIENT STATUS: ❑ Inpatient ❑ Outpatient ❑ Clinic

BILL: ❑ Hospital/Clinic ❑ Medicare Part B ❑ Medicaid ❑ Insurance

PLEASE ATTACH PATIENT INSURANCE INFORMATION (Face Sheet).

SPECIMEN INFORMATION

___Bone Marrow (3cc sodium heparin for Flow, 3cc for Cytogenetics and/or FISH)
___Blood (3-5cc sodium heparin, 1cc newborn)
___Bone Core
___Tissue (Source:_____)
___POC/D&C etc.
___Body Fluid (Source:_____)

Collection Date:_____ Time:_____ By:_____

DIAGNOSIS and ICD-10 CODE

CONSTITUTIONAL TEST REQUESTED

FOR CANCER SEE ONCOLOGY / HEMATOLOGY

___CGH Microarray (5cc EDTA)
___Chromosome Analysis/Karyotype (1-5cc sodium heparin)
Is this STAT? _____ Is this a mosaicism study? _____
___Other _____

FISH (specify below): Is this STAT? _____ (1-5cc sodium heparin) can be performed on cytogenetic samples

___Trisomy 13, 18, 21, X, Y (Circle to specify)
___DiGeorge Syndrome/VCFS, 22q11
___Prader-Willi Syndrome, 15q11-13
___SRY Deletion
___Williams-Beuren Syndrome, 7g11.23
___Other _____

ONCOLOGY / HEMATOLOGY

CLINICAL DIAGNOSIS:
___ALL ___AML ___CML ___[1]*CLL/SLL ___MDS ___MM/MGUS
Lymphoma: ___Hodgkin ___Non-Hodgkin/NHL
Subtype: _____
___Anemia ___Immunodeficiency ___Pancytopenia ___Leukocytosis
___Thrombocytosis ___Thrombocytopenia ___Other _____

HISTORY:
___New Diagnosis ___Post-Therapy ___wks.
___Relapse ___Remission
___Post-Transplant (___Opposite-sex ___Same-sex)

TEST REQUESTED FOR ONCOLOGY / HEMATOLOGY

FLOW CYTOMETRY:
___Leukemia/Lymphoma ___B and T Cell ___Plasma Cell
___Zap 70 ___PNH

GENETIC STUDIES:
___CGH Microarray
___Chromosome Analysis (Karyotype)
[1]*___Use B-Cell Stimulation for a suspected B-Cell disorder

MOLECULAR:
___BCR/ABL1 (p210, p190) ___If Negative Reflex To p230
___KIT (c-KIT) Mutation Analysis
___JAK2 V617F, ___Exon 12-13, ___CALR, ___MPL
Run All: ___Concurrently, ___Sequentially
___Other, Specify _____

FISH PANELS: (See probe sets on back)
___ALL ___AML ___CML ___[1]*CLL ___MDS ___MPN
___MM/MGUS ___NHL ___HES

INDIVIDUAL FISH PROBES: (Listed Alphabetically)

___-1p36 Deletion	___BCR/ABL1/ASS1, t(9;22)	___IGH/MYC/CEP 8, t(8;14)
___-1p32/+1q21	___CBFB, inv(16)	___MLL, 11q23
___+4	___CCND1/IGH, t(11;14)	___MALT1, 18q21
___-5/5q-	___CDKN2A (P16), 9p21	___MYB, 6q23
___-7/7q-	___ETO/AML1 (RUNX1T1/RUNX1)	___MYC, 8q24
___+8/20q-	t(8;21)	___P53, 17p13
___+10	___FIP1L1/CHIC2/PDGFRA, 4q12	___PBX1/E2A t(1;19)
___+12/13q-	___EVI1, inv(3)	___PDGFRB, 5q33
___13q-	___FGFR1, 8p12	___PML/RARA, t(15;17)
___ALK, 2p23	___IGH, 14q32	___RARA, 17q21
___ATM/P53	___IGH/BCL2, t(14;18)	___RB1, 13q14
___BCL1, (CCND1)	___IGH/FGFR3, t(4;14)	___TEL/AML1 (ETV6/
___BCL2, 18q21	___IGH/MAF, t(14;16)	RUNX1) t(12;21)
___BCL6, 3q27		

Other_____

Authorized Signature:	Date:	For MGC use only:	Date: