

# CANCER GENETICS REQUISITION – Hematologic Neoplasia



**Hamilton Regional  
Laboratory Medicine  
Program**

**Juravinski Hospital**

Clinical Genetics Laboratory - Room H2-19A  
711 Concession Street, Hamilton, ON L8V 1C3  
Phone: (905) 521-2100 x73707 Fax: (905) 521-2651  
Email: [geneticsmailbox@hhsc.ca](mailto:geneticsmailbox@hhsc.ca)

**Patient Information**

\*Name (print):  
*Surname, First Name*

\*DOB (DD/MM/YYYY): \*Sex:  M  F  Other

\*Health Card No.:

\*Mandatory Information. Specimen cannot be processed without this data.

**Note: Specimen collection is NOT completed at this lab. Please follow up with your referring provider to make arrangements.**

**Reports To:**

\*Ordering Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
\*Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Physician Signature: \_\_\_\_\_

**Additional Copies To:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\*Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Please see the HRLMP Laboratory Test Information Guide (LTIG) for complete sample requirements and testing information.

<https://lrc.hrlmp.ca/>

**Specimen Submitted:**

Urgent  Routine For all requests and inquiries: [geneticsmailbox@hhsc.ca](mailto:geneticsmailbox@hhsc.ca)

Date of sample:

Bone Marrow (BM) (2-4 mL fresh aspirate in tubes as indicated below)  
 Peripheral Blood (PB) (4-8 mL unless otherwise indicated. Max 16 mL if multiple tests requested)  
**All samples must be received in the laboratory within 48 hours of collection.**  
Ship at room temperature to address above. Do not freeze or spin.

Time:

Location/Ward:

**Acute Leukemia and Myeloid Neoplasms** (sodium heparin & EDTA BM)

If suspected APL, please indicate here  
*\*please contact laboratory directly via email if STAT testing is indicated to support urgent patient management*

- Karyotype
- RNA Fusion Gene Panel\*
- Core AML NGS panel, including NPM1, FLT3, IDH1\*
- Comprehensive AML, MDS, or MDS/MPN NGS\*

**Hairy Cell Leukemia** (EDTA BM or PB)

- BRAF codon V600 mutation

**Mastocytosis (KIT)** (EDTA BM or PB)

- KIT NGS\*

**Suspected Myeloproliferative Neoplasm**

- Core MPN panel (EDTA BM or PB)
  - NGS panel (including JAK2, CALR, MPL) if relevant indication specified below:
- Unexplained abnormal blood counts:
  - Leukocyte count  $\geq 11 \times 10^9/L$
  - Hemoglobin concentration  $\geq 160 \text{ g/L}$
  - Platelet count  $\geq 400 \times 10^9/L$
- Unexplained unusual site thrombosis
- Unexplained hepatosplenomegaly and/or leukoerythroblastic blood film
- CML BCR::ABL1 testing, if indication specified below: (EDTA BM or PB)
  - Leukocyte count  $\geq 11 \times 10^9/L$  with left shift
  - Platelet count  $\geq 400 \times 10^9/L$  with basophilia

**Mature Lymphoid Neoplasms/Lymphoma**

- CLL FISH panel\* (sodium heparin BM or PB)
- Lymphoma FISH\* (sodium heparin BM)
  - **Testing will NOT be performed unless probe(s) selected below:**
  - MYC (8q24) – Burkitt  ALK (2p23) – Anaplastic LCL
  - BCL2 (18q21.33) – Follicular/DLBCL  MALT1 (18q21) – Marginal Zone
  - BCL6 (3q27) – DLBCL  CCND1 (11q13) – Mantle Cell

**Plasma Cell Neoplasms/Myeloma\*** (sodium heparin BM)

- MM FISH panel

**Hypereosinophilia\*** (sodium heparin BM or PB)

- FISH panel

**Unexplained Cytopenias** (sodium heparin & EDTA BM or PB)

- Karyotype
- DNA and/or RNA testing\*

*Additional clinical information:* \_\_\_\_\_

**Confirmed Myeloproliferative Neoplasms\***

- NGS Panel (EDTA BM (preferred) or PB) [available for Myelofibrosis or triple negative PV/ET]\*\*
- Karyotype (sodium heparin BM)

\*\*Please note, a pathology report is required. Submit with requisition or email to [geneticsmailbox@hhsc.ca](mailto:geneticsmailbox@hhsc.ca) when available.

**LAB USE ONLY – LABELS**

**Lymphoproliferative Neoplasm** (EDTA BM, PB, or FFPE tissue curls [minimum 5 x 5-10 uM curls])

- B-cell rearrangement PCR
- T-cell rearrangement PCR

**Follow-up Testing†** (EDTA BM or PB, unless noted)

*Specify diagnostic findings:* \_\_\_\_\_

- Testing will be completed if there are previous relevant diagnostic findings.

● **Relapse/Progression:**

- Karyotype (sodium heparin BM)
- FLT3 - Relapse/Refractory

● **Treatment Response/Disease Monitoring:**

- Qualitative RNA fusion gene
- Quantitative BCR::ABL1 p210 (8ml PB (preferred) or 2-4mL BM)
- Qualitative BCR::ABL1 p190
- FLT3 Follow-up
- NPM1:  Quantitative MRD – Type A  Qualitative – other than Type A

**LAB USE ONLY – SPECIMENS RECEIVED**

Entered by: \_\_\_\_\_

Checked by: \_\_\_\_\_

BM or PB

\_\_\_ X \_\_\_ NaHep

\_\_\_ X \_\_\_ EDTA

**\*Testing performed upon confirmation of diagnosis.**

**† FOLLOW-UP TESTING: If diagnostic/initial testing was NOT performed at HHS, please attach a copy of original report.**