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Test request form
Haematologic Malignancies

Specialised cytology and immune cell typing (flow cytometry) Cytogenetics and Molecular Biology

INTERNATIONAL DIVISION
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Laboratory code

PATIENT

First name(s): .....
Name of birth: .....
Surname: .....
Date of birth: __ __ / __ __ / __ __ __ __
Address: .....
Post code: _ _ _ _ _ City: .....
Country: .....
Tel.: __ __ __ __ __ Gender: ☐ F ☐ M

CLINICIAN

First name(s): .....
Surname: .....
Address: .....
Post code: _ _ _ _ _ City: .....
Country: .....
Tel.: __ __ __ __ __
Fax: __ __ __ __ __
E-mail: .....

REQUIRED TESTS AND SAMPLE TYPES [EUROFINS BIOMNIS TEST CODE]

CYTOLOGY

☐ **Blood**: *complete blood count (1 unstained smear)* **[FS]**
☐ **Bone marrow**: *Bone marrow aspirate (4 -6 unstained slides)* **[MYELO]**
☐ **Lymph node:** *Adenogram (unstained smears)* **[ADENG]**
☐ **Other**: .....

IMMUNOLOGICAL TYPING [IPHEN]

☐ **Blood:** *(1 EDTA tube + 1 unstained smear)*
☐ **Bone marrow:** *(1 EDTA tube + 1 unstained smear)*

NB: for quantitative immune test, please refer to the test guidelines ([CD48], [B1], [NK]). Do not use this test request form.

CYTOGENETIC

☐ **Conventional (karyotype) [MOHC1]** ☐ **Molecular (FISH) [MOHC2]** - *Please specify:* .....
☐ **Blood** *(1 Heparin tube)* ☐ **Bone marrow** *(1 Heparin tube)* ☐ **Lymph node**

MOLECULAR BIOLOGY

☐ **Qualitative BCR-ABL** *(diagnosis)* **[BCR]**
☐ **Quantitative BCR-ABL** *(follow-up)* **[BCRQ]**
☐ **ABL tyrosine kinase domain mutation** *(TKI resistance)* **[ABLR]**
☐ **JAK2 V617F** *(RT-PCR)* **[JAK2]**
☐ **"Myeloproliferative Neoplasms (MPN) – Diagnosis" NGS panel [MYSDG]** *(JAK2, CALR, MPL, CSF3R, SETBP1, SRSF2, SF3B1)*
☐ **"Myeloproliferative Neoplasms (MPN) - Diagnosis/Prognosis" NGS Panel [MYSDP]**
(ASXL1/CALR/CBL/CSF3R/DNMT3A/EZH2/IDH1/IDH2/JAK2/KIT/KRAS/MPL/NPM1/NRAS/RUNX1/SETBP1/SF3B1/SRSF2/TET2/TP53/U2AF1/ZRSR2)
☐ **"CMML" NGS panel [MYSMO]**
(ASXL1/CBL/DNMT3A/EZH2/FLT3/IDH1/IDH2/JAK2/KRAS/NPM1/NRAS/RUNX1/SETBP1/SF3B1/SRSF2/TET2/TP53/U2AF1/ZRSR2)
☐ **"MDS" NGS panel [MYSMD]**
(ASXL1/BRAF/CALR/CBL/CEBPA/CSF3R/DNMT3A/ETV6/EZH2/FLT3/HRAS/IDH1/IDH2/JAK2/KIT/KRAS/MPL/NPM1/NRAS/PTPN11/RUNX1/SETBP1/SF3B1/SRSF2/TET2/TP53/U2AF1/WT1/ZRSR2)
☐ **"AML" NGS panel [MYSLA]**
(ASXL1/BRAF/CALR/CBL/CEBPA/CSF3R/DNMT3A/ETV6/EZH2/FLT3/HRAS/IDH1/IDH2/JAK2/KIT/KRAS/MPL/NPM1/NRAS/PTPN11/RUNX1/SETBP1/SF3B1/SRSF2/TET2/TP53/U2AF1/WT1/ZRSR2)

☐ **TP53 (NGS) [MYS53]**
☐ **IG-HV (NGS) [IGVH]**
☐ **BRAF (NGS) [MYSBR]**
☐ **CKIT (NGS) [MYSKT]**
☐ **B-clonality [CLONB]**
☐ **T-clonality [CLONT]**
☐ **MYD88 [MYD88]**
☐ **CXCR4 [CXCR4]**
☐ **Other:** .....

Sample date: __ __ / __ __ / __ __ __ __

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CLINICAL DETAILS (Essential for testing)

DIAGNOSTIC

☐ **CHRONIC MYELOPROLIFERATIVE SYNDROME**

- ☐ CML
- ☐ Myelofibrosis or MPS myeloid
- ☐ Essential hypereosinophilia
- ☐ Polycythaemia vera
- ☐ Essential thrombocythaemia

☐ **ACUTE LEUKEMIA**

- ☐ ALL sub type .....
- ☐ AML sub type .....

☐ **CHRONIC LYMPHOPROLIFERATIVE SYNDROME**

- ☐ CLL
- ☐ Hairy cell leukemia
- ☐ Lymphoma
- ☐ Other: .....

☐ **MYELOMA:** Plasmocyte selection is performed according to the following data which MUST be provided:
% of medullary plasmocytes ……%
Screening profile of monoclonal gammopathy (DPIC, IF, B2µ, Ca) to be provided.

☐ **MYELODYSPLASTIC SYNDROME**

Please specify: .....

☐ **OTHER** .....

FOLLOW-UP Please specify the disease .....
Please specify the treatment .....

NB : The immunophenotyping methods used are not adapted to test for residual disease or post-therapeutic MRD (sensitivity is approximately 0.5%)

RELAPSE Please specify the diagnosis .....
Please specify the initial karyotype result .....

OTHER .....

ADDITIONAL RESULTS TO BE SUPPLIED IF ALREADY PERFORMED, (by fax or to be sent along with the request form)

- ☐ **Immunophenotyping result**
  (essential for lymphoproliferative disorders and ALL)
- ☐ **Bone marrow count**
- ☐ **Full blood count and platelet count**
  these results must be supplied below:

FBC-platelet count from (date):
└┴┘└┴┘└┴┘

Hb .....
MCV .....
Platelets .....
WBC.....

PN .....
PEo .....
PBaso .....
Lympho .....
Mono .....
Myelemia .....
Blast cells .....

ADDITIONAL CLINICAL DETAILS

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