

**Test request form**  
**Hematologic 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**

<p><b>CYTOLOGY</b></p> <p><input type="checkbox"/> <b>Blood:</b> complete blood count (1 unstained smear)</p> <p><input type="checkbox"/> <b>Bone marrow:</b> Bone marrow aspirate (3-6 unstained slides)</p> <p><input type="checkbox"/> <b>Lymph node:</b> Adenogram (unstained smears)</p> <p><input type="checkbox"/> <b>Other:</b> .....</p>	<p><b>IMMUNOLOGICAL TYPING</b></p> <p><input type="checkbox"/> <b>Blood:</b> (1 EDTA or Heparin tube + 1 unstained smear)</p> <p><input type="checkbox"/> <b>Bone marrow:</b> (1 EDTA or Heparin tube + 1 unstained smear)</p> <p><input type="checkbox"/> <b>Other:</b> .....</p>
<p><b>CYTOGENETIC</b></p> <p><input type="checkbox"/> <b>Conventional (karyotype)</b>      <input type="checkbox"/> <b>Molecular (FISH)</b> - Please specify: .....</p> <p style="margin-left: 300px;"><input type="checkbox"/> <b>Blood</b> (1 Heparin tube)    <input type="checkbox"/> <b>Bone marrow</b> (1 Heparin tube)    <input type="checkbox"/> <b>Lymph node</b></p>	
<p><b>MOLECULAR BIOLOGY</b></p> <p><input type="checkbox"/> <b>Qualitative BCR-ABL</b> (diagnosis)</p> <p><input type="checkbox"/> <b>Quantitative BCR-ABL</b> (follow-up)</p> <p><input type="checkbox"/> <b>ABL kinase domain mutation</b> (ITK resistance)</p> <p><input type="checkbox"/> <b>JAK2 V617F</b> (RT-PCR)</p> <p><input type="checkbox"/> <b>"Myeloproliferative Neoplasms (MPN) – Diagnosis 1"</b> NGS panel (JAK2/CALR/MPL)</p> <p><input type="checkbox"/> <b>"Myeloproliferative Neoplasms (MPN) – Diagnosis 2"</b> NGS panel (JAK2/CALR/MPL/CSF3R/SETBP1/SRSF2)</p> <p><input type="checkbox"/> <b>"Myeloproliferative Neoplasms (MPN) – Prognosis"</b> NGS panel (ASXL1/CALR/CBL/CSF3R/DNMT3A/EZH2/FLT3/IDH1/IDH2/JAK2/KIT/KRAS/MPL/NPM1/NRAS/RUNX1/SETBP1/SF3B1/SRSF2/TET2/TP53/U2AF1/ZRSR2)</p> <p><input type="checkbox"/> <b>"CMML"</b> NGS panel (ASXL1/CBL/DNMT3A/EZH2/FLT3/IDH1/IDH2/JAK2/KRAS/NPM1/NRAS/RUNX1/SETBP1/SF3B1/SRSF2/TET2/TP53/U2AF1/ZRSR2)</p> <p><input type="checkbox"/> <b>"MDS"</b> NGS panel (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)</p> <p><input type="checkbox"/> <b>"AML"</b> NGS panel (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)</p>	<p><input type="checkbox"/> <b>TP53</b></p> <p><input type="checkbox"/> <b>BRAF</b></p> <p><input type="checkbox"/> <b>CKIT</b></p> <p><input type="checkbox"/> <b>B Clonality</b></p> <p><input type="checkbox"/> <b>T Clonality</b></p> <p><input type="checkbox"/> <b>MYD88</b></p> <p><input type="checkbox"/> <b>Other:</b> .....</p> <p>2 whole blood EDTA tubes for all tests except BCR-ABL:              1 whole blood EDTA tube et 1 whole blood PAX gene tube              or 1 bone marrow EDTA tube</p> <div style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p><b>Sample date:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> </div>

**CLINICAL DETAILS (Essential for testing)**

**DIAGNOSTIC**

**CHRONIC MYELOPROLIFERATIVE SYNDROME**

- CML
- Myelofibrosis or MPS myeloid
- Essential hypereosinophilia
- Vaquez polyglobulia
- Essential thrombocytomia

**ACUTE LEUKAEMIA**

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

**CHRONIC LYMPHOPROLIFERATIVE SYNDROME**

- CLL
- Tricho-leukocyte leukaemia
- Spread of lymphoma-profile
- Other: .....

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

**MYELOYDYSPLASTIC 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 differentiation count**
- Full blood count and platelet count**  
these results must be supplied below:

<b>FBC-platelet count from (date):</b>  _ _ _ _ _ _ _ _	PN .....
Hb .....	PEo .....
MCV .....	PBaso .....
Platelets .....	Lympho .....
WBC.....	Mono .....
	Myelomia .....
	Blast cells .....

**ADDITIONAL CLINICAL DETAILS**

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