

(please use the Standard or Prenatal Cytogenetic Request forms for all other studies)

UF Cytogenetics Laboratory
 Diagnostic Reference Laboratories
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 Gainesville, FL 32608

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 Toll Free: 1-888-375-5227
 FAX: (352) 265-9920

<http://www.pathology.ufl.edu/~drl/cyto/cytolab.htm>

Patient Demographic Information

Name: _____
 Medical Record No.: _____
 Age or D.O.B.: _____
 Sex/Gender: Male Female Unknown

Requesting Physician Information

Name: _____ UPIN#: _____
 Location/Institution: _____
 Signature: _____
 Send additional reports to: _____

Clinical Indication or Reason for Cytogenetic Testing

- CML AML APL (M3) precursor B-ALL
- T-ALL B-ALL ALL, nos Mixed lineage leukemia
- Acute leukemia, nos
- MDS/MPD - Subtype: _____
- Multiple myeloma Lymphoma - Subtype: _____
- Solid tumor type: _____
- Other: _____

Specimen Information

- Bone marrow Peripheral blood
- Solid tumor Lymphatic tissue
- Other _____
- Date Collected: _____
- Time Collected: _____
- Pre-therapy Post-therapy
- Pre-transplant Post-transplant
- In Remission Relapse
- Immunophenotyping by FLOW:
 has been has not been ordered

Cytogenetic Testing Requested (must be completed to avoid delays in processing)

Conventional Chromosome Analyses (Karyotyping)

- Bone marrow chromosome study Peripheral blood chromosome study
- Solid tumor chromosome study Lymphatic tissue study
- other chromosome study _____

FISH Analyses (must accompany a conventional chromosome study)

- BCR/ABL - t(9;22) 13q TEL/AML1 - t(12;21) 4/10/17 (B-ALL)
- MLL (11q23) IGH (14q32) PML/RARa (APL) ETO/AML1 (AML)
- CBFb (AML Eo) CLL panel Trisomy 8 ATM and p53
- X/Y - sex mis-matched transplant
- Other (please inquire as to availability **PRIOR** to ordering): _____

For Lab Use Only

Lab No.: _____
 Test Codes: _____
 Specimen Description: _____

 Tech Login ID.: _____
 Database Entry by: _____

Insurance/Billing Information (must be completed prior to sample processing)

Insurance Provider: _____
 Pre-Authorization Required: YES NO
 If Yes, Please provide Authorization Number: _____

Insurance payment will be filed as courtesy, however the patient is ultimately responsible for