

**Clinical Genomics Laboratory**

5850/5980 University Ave, PO Box 9700
Halifax, NS B3K 6R8
Phone: (902) 470-6504 Fax: (902) 470-7466
Email: clinicalgenomics@iwk.nshealth.ca

For additional up-to-date testing information and our most current requisitions,
please visit our website: <http://www.iwk.nshealth.ca/clinical-genomics/>

ONCOLOGY CYTOGENETIC KARYOTYPE TESTING*Order as: Cytogenetics IWK***Patient Information**

Name (LAST, FIRST MIDDLE):

DOB (dd/mmm/yyyy):

Health Card #:

Province of Residence:

MRN #:

Accession #:

Phenotips ID (MMGS only):

Sex Assigned at Birth:

Legal Gender:

Sample Information

Bone marrow aspirate – Green **NaHep** 3mL
 Bone core trephine biopsy
 Peripheral blood – Green **NaHep** 4mL **Note: 10% blasts required, specify %**
 Lymph node – specify source: _____
 Tumour – specify source: _____

Collection Date/Time:

Collection Facility:

Collector Initials:

Indicate if the Patient has:

Had a previous karyotype – **NOTE:** If performed at an external laboratory, please attach report. If report unavailable, specify karyotype in *Additional Information* section

Additional Information**Solid Tumours:**

Small round cell tumour: specify _____
 Non-small round cell tumour: specify _____
 Tumour, unknown subtype

Ordering Health Care Provider Information

Name:

Office/Institution:

Phone #:

Fax # **(Required):**

Email:

Signature **(Required):** _____

Health Care Provider

Date signed (dd/mmm/yy)

Additional Copies to:

Health care provider:

Facility:

Phone #: Fax #:

Testing Category**Required:**

New diagnosis (known or suspected) Follow-up
 Relapse (known or suspected) Remission (known or suspected)

Reason for Testing: Check all that apply**Bone Marrow Transplant:**

Post-SCT (Autologous) Pre-SCT (baseline)
 Post-SCT (Allogeneic) **Donor sex:** _____ Donor screen

Known or Suspected Hematological Disorder:

ALL: B-cell/T-cell/unknown _____ **Note:** For any new acute leukemia with ≥10% circulating blasts, please **also** send peripheral blood
 AML: subtype, if known _____
 Acute Leukemia- unknown subtype _____
 CLL _____
 CML _____
 CMML _____
 Lymphoma: specify type, if known _____
 MDS _____
 MPN: specify type, if known _____
 Plasma cell neoplasm/Multiple Myeloma _____
 Other: specify _____

Non-Specific Findings:

GENERAL FINDINGS	CYTOPENIA	PLASMA CELL INDICATIONS
<input type="checkbox"/> Eosinophilia	<input type="checkbox"/> Anemia	<input type="checkbox"/> Amyloidosis
<input type="checkbox"/> Thrombocytosis	<input type="checkbox"/> Leukopenia	<input type="checkbox"/> IgA Kappa Monoclonal protein
<input type="checkbox"/> Splenomegaly	<input type="checkbox"/> Neutropenia	<input type="checkbox"/> IgG
<input type="checkbox"/> Macrocytosis	<input type="checkbox"/> Thrombocytopenia	<input type="checkbox"/> IgM MGUS
<input type="checkbox"/> Leukocytosis	<input type="checkbox"/> Pancytopenia	<input type="checkbox"/> Plasmacytoma
<input type="checkbox"/> Circulating blasts: specify % _____		
<input type="checkbox"/> Marrow failure syndrome: specify _____		
<input type="checkbox"/> Other: specify _____		

Please see reverse page for collection information and shipping instructions



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ONCOLOGY CYTOGENETIC KARYOTYPE TESTING

Order as: *Cytogenetics IWK*

Sample Requirements for Cytogenetic Oncology Karotype Testing

Bone Marrow: Collect a minimum of 3mL bone marrow in green NaHep. Do not centrifuge or freeze specimen. Ship to the laboratory at room temperature within 24 hours.

Bone core trephine biopsy: Collect 1" bone core (if possible) into a sterile specimen jar containing sterile culture media or saline. Do not freeze. Ship to the laboratory at room temperature within 24 hours.

Peripheral Blood: (NOTE: cytogenetic oncology testing is only possible on peripheral blood if there are $\geq 10\%$ circulating blasts). Collect 4mL peripheral blood in green NaHep. Do not centrifuge or freeze specimen. Ship at room temperature within 24 hours.

Lymph Node/Tumour: Collect a 1cm³ specimen (where possible) fresh tumour/lymph node tissue into a specimen jar containing sterile saline or media. Do not freeze. Send to the laboratory at 4°C within 24 hours.

Information about Cytogenetic Oncology Genetic Testing

Information to be discussed with patient by Healthcare Provider (note: consent for pathology specimens is included under the autopsy consent). Additional information regarding indications for testing and test limitations can be found at iwkhealth.ca/CGL/TestMenu. Turnaround times are available at iwkhealth.ca/CGL/TAT.

General Information about Genetic Testing

1. Testing cannot detect every genetic abnormality. Therefore, a normal test result does not rule out all possible genetic conditions.
2. Correlation with clinical information may be required for accurate interpretation. Correct interpretation of results depend on accurate clinical findings, family relationships and other laboratory data provided.
3. This test might reveal:
 - a. Variants of uncertain significance (VUS). These variants may or may not be related to the patient's phenotype or disease.
 - b. Structural rearrangements, mosaicism, or full or partial aneuploidy which may have reproductive implications for this individual or related family members.
4. Complete interpretation of test results may require additional follow-up testing on other family members.
5. Test results are confidential, but may be used without identifying information for interpretation of testing for family members.
6. When available, genetic testing will be performed at the IWK Clinical Genomics Laboratory (CGL). When testing cannot be performed at CGL, testing may be referred out to an external laboratory.
7. Results from testing may be submitted to clinical databases anonymously as needed (with all identifying information removed). These clinical databases are used by the laboratory in order to assist in accurate interpretation of results.
8. Genetic counselling through Maritime Medical Genetics Service (MMGS) is available upon request: fax a referral to their department at 902-470-8709 or phone 902-470-8754 to request the appropriate forms.

SAMPLE STORAGE: For more information, refer to our policy at <https://iwkhealth.ca/CGL/SampleStorage>

Fixed Cell Pellet Retention:

- Following testing, fixed cell pellet from all bone marrow, bone core and peripheral blood specimens will be retained for a minimum of 6 months (fixed cell pellets from pediatric patients will be retained for a minimum of 25 years). Any additional testing of the sample will require a new requisition formally requesting the additional testing.
- When testing is complete, the laboratory may anonymize and use some of the residual sample or genetic data to improve and develop new testing. Unexpected genetic findings unrelated to the testing indication will not be reported.

Sample Disposal/Test Cancellation

- Sample disposal and test cancellation is available. Separate form is required: see *TEST CANCELLATION/SAMPLE DISPOSAL REQUEST FORM*