Person P	CYTOGENETICS TESTING SERVICES REQUISITION							
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Anthories, NY 152 (710) 250-9242 Section	of Western New York, Inc.							
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Chromosome Analysis (Karyotype): Cancer cytogenetics Constitutional cytogenetics For NYS patients, informed consent is required for non-oncology cytogenetics testing. Please complete back of requisition. FISH for Hematopoictic Disorders: Chronic Lymphocytic Leukemia Clubenic Lymphocytic Leukemia CLI Panel (ATM,	* Please send a copy of the most recent (CBC and differential	Testing	Reauesi	ted	(Required for t	preast and gastric ex)	
FISH for Hematopoietic Disorders: Chronic Lymphocytic Leukemia CLL Panel (ATM, +12, del (13q), TP53, IGH/CCND1) *Specimen type: Bone marrow or peripheral blood *Specimen type: Bone marrow or peripheral blood High Grade B-cell Lymphoma H6BCL Panel (MYC, BCL2, BCL6) BCL2 * Specimen type: FFPE BCL2 * Specimen type: Bone marrow or peripheral blood H6BCL Tumor: Gastric Cancer Gastric Cancer Lung Adenocarcinoma Lipomatous neoplasms H6R2/neu Myelodysplastic Syndrome/Acute Myeloid Leukemia Mpselogysplastic Syndrome/Acute Myeloid Leukemia Myelodysplastic Syndrome/Acute Myeloid Leukemia Mpselogysplastic Syndrome/Acute Myeloid Leukemia Mpselogysplastic Syndrome/Acute Myeloid Leukemia Mpselogysplastic Syndrome/Acute Myeloid Leukemia MDS Panel (EVII, del(5q)/-5, del(7q)/-7, +8, MLL, del(20q)/-20) ALK Gal(5qa)/-5, del(7qa)/-7, +8, MLL, del(20q)/-7, +8, MLL, del(20q)/-20 ALK Gal(5qa)/-5, del(7qa)/-7, +8, MLL, del(20qa)/-20 ALK Gal(5qa)/-5, del(7qa)/-7, +8, MLL, del(20qa)/-20 ALK Gal(5qa)/-5, del(7qa)/-7, +8, MLL, del(2qa)/-20 ALK Gal(5qa)/-5, del(7qa)/-7, +8, MLL, del(2qa)/-7, +8, MLL, del(2qa)/-20 ALK Gal(5qa)/-5, del(7qa)/-7, +8, MLL, del(2qa)/-7, +8, MLL, del(2qa)/-20 ALK Gal(5qa)/-5, del(7qa)/-7, +8, MLL, del(2qa)/-7, +8, MLL, del(2qa)/-7, +8, MLL, del(2qa)/-20 ALK Gal(7qa)/-7, +8, MLL, del(2qa)/-7, +8, MLL, del(2q	Chromosome Analysis (Karyo	otype): \Box Can				utional cytoge	netics •	
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Leukemia CLL Panel (ATM, +12, del (13q), TP53, IGH/CCND1) *Specimen type: Bone marrow or peripheral blood *Specimen type: Bone marrow or peripheral blood #Specimen type: Bone marrow or peripheral blood High Grade B-cell Lymphoma GREL2 *Specimen type: Bone marrow or peripheral blood #Specimen type: Bone marrow or peripheral blood Follicular Lymphoma GREL2 *Specimen type: FFPE #Specimen type: Bone marrow or peripheral blood #Specimen type: Bone marrow or Peripheral								
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TP53, IGH/CCND1 * Specimen type: Bone marrow or peripheral blood # Specimen type: Bone marrow	☐ CLL Panel (ATM, ☐ BCR/A							
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□ ROS1	Breast Cancer	Gastric Cancer		Lung A	denocarcino	oma	Lipomatous neoplasms	
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	Additional Instructions:						,	