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Test request form
Hematologic Malignancies

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

Eurofins Biomnis Ireland, Three Rock Rd, Sandyford Business Estate, Dublin 18, Email: sales@eurofins-biomnis.ie, Tel: 01 295 8545

Laboratory code

PATIENT DETAILS

First name(s): .....

Surname: .....

Date of birth: ☐☐/☐☐/☐☐☐☐

Address: .....

.....

City: ..... Post code:.....

Country: .....

Tel.:..... Gender: ☐ F ☐ M

REQUESTING PHYSICIAN

First name(s): .....

Surname: .....

Address: .....

City: ..... Post code:.....

Country: .....

Tel.:.....

Fax:.....

E-mail: .....

REQUIRED TESTS AND SAMPLE TYPES

CYTOLOGY

☐ **Blood**: *complete blood count (1 unstained film)*
☐ **Bone marrow**: *Bone marrow aspirate (3-6 unstained slides)*
☐ **Lymph node:** *Adenogram (unstained films)*
☐ **Other**: .....

IMMUNOLOGICAL TYPING

☐ **Blood:** *(1 EDTA or Heparin tube + 1 unstained film)*
☐ **Bone marrow:** *(1 EDTA or Heparin tube + 1 unstained film)*
☐ **Other**: .....

CYTOGENETIC

☐ **Conventional (karyotype)**

☐ **Molecular (FISH)** - *Please specify:* .....
☐ **Blood** *(1 Heparin tube)* ☐ **Bone marrow** *(1 Heparin tube)* ☐ **Lymph node**

MOLECULAR BIOLOGY

☐ **Qualitative BCR-ABL** *(diagnosis)*
☐ **Quantitative BCR-ABL** *(follow-up)*
☐ **ABL kinase domain mutation** *(ITK resistance)*
☐ **JAK2 V617F** *(RT-PCR)*
☐ **"Myeloproliferative Neoplasms (MPN) – Diagnosis 1" NGS panel *(JAK2/CALR/MPL)***
☐ **"Myeloproliferative Neoplasms (MPN) – Diagnosis 2" NGS panel *(JAK2/CALR/MPL/CSF3R/SETBP1/SRSF2)***
☐ **"Myeloproliferative Neoplasms (MPN) – Prognosis" 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)
☐ **"CMML" NGS panel**
(ASXL1/CBL/DNMT3A/EZH2/FLT3/IDH1/IDH2/JAK2/KRAS/NPM1/NRAS/RUNX1/SETBP1/SF3B1/SRSF2/TET2/TP53/U2AF1/ZRSR2)
☐ **"MDS" 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)
☐ **"AML" 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)

☐ **TP53**
☐ **BRAF**
☐ **CKIT**
☐ **B Clonality**
☐ **T Clonality**
☐ **MYD88**
☐ **Other:** .....

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

Sample date: ☐☐/☐☐/☐☐☐☐

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CLINICAL DETAILS (Essential for testing)

DIAGNOSTIC

☐ **CHRONIC MYELOPROLIFERATIVE SYNDROME**
- ☐ CML
- ☐ Myelofibrosis or MPS myeloid
- ☐ Essential hypereosinophilia
- ☐ Vaquez polyglobulia
- ☐ Essential thrombocytemia

☐ **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 gammapathy (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 differentiation 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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