

<b>MANDATORY INFORMATION</b>	<b>Patient's Name (Last, First):</b>	<b>ORDERING PHYSICIAN</b>	<b>Name (Please PRINT):</b>	
	<b>DOB:</b> MM DD YYYY <b>Sex:</b>		<b>Signature (required):</b>	
	<b>NB Medicare #:</b> <small>If no NB Medicare # is present, Other Patient # and Address is required</small>		<b>Expiry Date:</b>	<b>Address:</b>
	<b>Other Client Insurance/Patient #:</b>		<b>Relevant Clinical Information:</b>	<b>Province:</b> <b>Postal Code:</b>
				<b>Phone #:</b> <b>Fax #:</b>
			<b>Copies To:</b>	
<b>NOTE: Specimens <u>MUST</u> be labelled with patient's full name, Medicare Number, Date, Time &amp; Phlebotomist Identification</b>				
<b>Collection Date:</b>	<b>Time:</b>	<b>Collection Location:</b>		
<b>Collected by:</b>		<b>Full Signature:</b>		
<b>Referring Specimen ID:</b>				

<b>SAMPLE REQUIREMENTS</b>	<b>Bone Marrow (Room Temp.)</b> 2 - 5 mL minimum in a Sodium Heparin tube	<b>Peripheral Blood (Room Temp.)</b> 3 mL minimum in a Sodium Heparin tube	<b>FFPE Tissue</b> 4 slides (4um section on positively charged slides)
	Samples are shipped at room temperature within 24 hours of collection. Samples are to <u>ARRIVE</u> during lab hours before <u>NOON</u> on Thursday.		
<b>DO NOT CENTRIFUGE or FREEZE SAMPLES</b>			

<b>CHROMOSOME ANALYSIS</b>	<b>FISH PROBES:</b> Will only be performed if specifically requested. Please check individual probe(s).	Affix SJRH Label
<b>Clinical History:</b> <input type="checkbox"/> Diagnostic Sample <input type="checkbox"/> Relapse/Disease Progression <input type="checkbox"/> Post Treatment Monitoring <input type="checkbox"/> Post-Transplant Donor Gender: <input type="checkbox"/> M <input type="checkbox"/> F  <b>Provisional Diagnosis:</b> <input type="checkbox"/> ALL <input type="checkbox"/> AML <input type="checkbox"/> CML <input type="checkbox"/> CLL <input type="checkbox"/> MDS <input type="checkbox"/> MPN <input type="checkbox"/> MM <input type="checkbox"/> Lymphoma <input type="checkbox"/> Other: _____  <b>Priority</b> <input type="checkbox"/> STAT <input type="checkbox"/> Routine	<b>CLL</b> <input type="checkbox"/> ATM/13q14-34/ TP53/ +12  <b>MM</b> <input type="checkbox"/> 1q22-1p36/+3/+7/+9/+15/ 13q14-34/ TP53-17/ IgH-14q32 *CCND1-IgH [11q13-14q32] *reflex probe  <b>Leukemia (ALL/AML)</b> <input type="checkbox"/> MLL [11q23] <input type="checkbox"/> PDGFRA [4q12] <input type="checkbox"/> PDGFRB [5q32-33] <input type="checkbox"/> BCR/ABL [t(9;22)]  <b>MDS</b> <input type="checkbox"/> 5q [EGR1 - 5q31] / 7q/+8/ MLL - 11q23/ 13q/ 17p/ 20q  <b>Bone Marrow Transplant</b> <input type="checkbox"/> CEP X/Y  <b>Lymphoma</b> <input type="checkbox"/> Burkitt [MYC - 8q24] <input type="checkbox"/> Follicular/DLBCL [IGH/BCL2 - t(14;18)] <input type="checkbox"/> Mantle Cell [CCND1/IGH - t(11;14)] <input type="checkbox"/> Anaplastic LCL [ALK - 2q23] <input type="checkbox"/> MALT [t(11;18)/+3/+8] <input type="checkbox"/> NHL [BCL6 - 3q27] <input type="checkbox"/> IGH [14q32]  <b>Solid Tumours</b> <input type="checkbox"/> HER2 <input type="checkbox"/> ALK [Lung CA- 2p23]  <b>Other (specify):</b> _____	Do not write in this space