

Client Information (required)

Client Name		
Client Account No.		
Client Phone	Client Order No.	
Street Address		
City	State	ZIP Code

Submitting Provider Information (required)

Submitting/Referring Provider Name <i>(Last, First)</i>

Fill in only if Call Back is required.

Phone (with area code)	Fax* (with area code)
Provider's National I.D. (NPI)	

**Fax number given must be from a fax machine that complies with applicable HIPAA regulation.*

Pathology/Clinical Diagnosis (required)

Include pathology report.		
Include a reason for testing, suspected diagnosis, brief history, and pertinent laboratory results.		
<p>Bone Marrow Transplant</p> <input type="checkbox"/> Autologous <input type="checkbox"/> Allogeneic <input type="checkbox"/> Sex mis-match		
<p>Disease Stage</p> <input type="checkbox"/> New diagnosis <input type="checkbox"/> Relapse <input type="checkbox"/> MRD		
ICD-10 Diagnosis Code		

Ship specimens to:

Mayo Clinic Laboratories
3050 Superior Drive NW
Rochester, MN 55901

Customer Service: 855-516-8404

Visit www.MayoClinicLabs.com for the most up-to-date test and shipping information.

Patient Information (required)

Patient ID (Medical Record No.)	
Patient Name <i>(Last, First, Middle)</i>	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date <i>(mm-dd-yyyy)</i>
Collection Date <i>(mm-dd-yyyy)</i>	Time <input type="checkbox"/> am <input type="checkbox"/> pm

Specimens Provided (required)

<input type="checkbox"/> Blood <input type="checkbox"/> Bone marrow <input type="checkbox"/> Fixed cells <input type="checkbox"/> Cultured cells	<input type="checkbox"/> Paraffin block No. sent: _____ Indicate source: <input type="checkbox"/> Slides No sent: _____	<input type="checkbox"/> Other Anatomic site:
CBC Results HGB _____ MCV _____ WBC _____ RBC _____ RDW _____ PLT _____		
COG Protocol: _____		
COG Registration No.: _____		
Is the patient a known Down Syndrome patient? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Pathologist Information (required)

Submitting/Referring Pathologist Name <i>(Last, First)</i>	
Phone (with area code)	Fax* (with area code)

**Fax number given must be from a fax machine that complies with applicable HIPAA regulation.*

MCL Internal Use Only

Billing Information

- An itemized invoice will be sent each month.
- Payment terms are net 30 days.

Call the Business Office with billing related questions:
800-447-6424 (US and Canada)
507-266-5490 (outside the US)

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CHROMOSOME ANALYSIS

Chromosome Analysis

COGBL Chromosome Analysis, Hematologic Disorders, Children's Oncology Group Enrollment Testing, Blood

COGBM Chromosome Analysis, Hematologic Disorders, Children's Oncology Group Enrollment Testing, Bone Marrow

FISH TESTING - BONE MARROW/BLOOD

COGBF B-Cell Acute Lymphoblastic Leukemia/ Lymphoma (ALL), Children's Oncology Group Enrollment Testing, FISH

Must select **either** Individual Probes desired or Diagnostic B-ALL or BCR-ABL1(Ph)-like Panels (or both).

Diagnostic+BCR-ABL1(Ph)-like Panels
Includes probes listed below; reflex probes and ABL1 as needed

Diagnostic Panel

PBX1/TCF3 t(1;19)(q23;p13.3)

ETV6/RUNX1 t(12;21)(p13;q22)
reflex: ETV6 BAP

BCR/ABL1 t(9;22)(q34;q11.2)
reflex: ABL1 BAP

MLL (KMT2A) BAP 11q23 rearrangement
reflex: AFF1/MLL t(4;11)(q21;q23)
reflex: MLLT4/MLL t(6;11)(q27;q23)
reflex: MLLT3/MLL t(9;11)(p22;q23)
reflex: MLLT10/MLL t(10;11)(p13;q23)
reflex: MLL/MLLT1 t(11;19)(q23;p13.3)
reflex: MLL/ELL t(11;19)(q23;p13.1)

CDKN2A/D9Z1 -9/9p deletion or +9

D4Z1/D10Z1/D17Z1 +4,+10,+17, hyper-or hypodiploidy

TP53/D17Z1 -17/17p deletion

IGH BAP 14q32 rearrangement
reflex: CRLF2/IGH t(X;14) or t(Y;14)

MYC BAP 8q24.1 rearrangement
reflex: BCL2 BAP
reflex: BCL6 BAP

P2RY8 BAP t(Xp22.33;var) or t(Yp11.32;var)

CRLF2 BAP t(Xp22.33;var) or t(Yp11.32;var)

Perform entire diagnostic panel

BCR-ABL1(Ph)-like Panel

ABL2 BAP 1q25 rearrangement

PDGFRB BAP 5q33 rearrangement

IKZF1/Cep7 -7/7p deletion

JAK2 BAP 9p24.1 rearrangement

ABL1 BAP 9q34 rearrangement

CRLF2 BAP t(Xp22.33;var) or t(Yp11.32;var)
reflex CRLF2 t(X;14)

P2RY8 BAP t(Xp22.3;var) or t(Yp11.32;var)

Perform entire BCR-ABL1(Ph)-like panel

COGMF Acute Myeloid Leukemia (AML), Children's Oncology Group Enrollment Testing, FISH

Must select probes listed below or entire panel.

RUNX1T1/RUNX1 t(8;21)(q22;q22)
reflex: MECOM/RUNX1 t(3;21)(q26.2;q22)

PML/RARA t(15;17)(q24.1;q21.2)
reflex: RARA BAP 17q21 rearrangement

MYH11/CBFB inv(16)(p13q22) or t(16;16)
reflex: CBFB BAP inv(16)

ETV6 BAP 12p13 rearrangement
reflex: MNX1/ETV6 t(7;12)(q36;p13)

DEK/NUP214 t(6;9)(p23;q34)

KAT6A/CREBBP t(8;16)(p11.2;p13.3)

GLIS2/CBFA2T3 inv(16)

NUP98 BAP 11p15.4 rearrangement
reflex: HOXA9/NUP98 t(7;11)(p15;p15.4)

MLL (KMT2A) BAP 11q23 rearrangement
reflex: AFF1/MLL t(4;11)(q21;q23)
reflex: MLLT4/MLL t(6;11)(q27;q23)
reflex: MLLT3/MLL t(9;11)(p22;q23)
reflex: MLLT10/MLL t(10;11)(p13;q23)
reflex: MLL/CREBBP t(11;16)(q23;p13.3)
reflex: MLL/MLLT1 t(11;19)(q23;p13.3)
reflex: MLL/ELL t(11;19)(q23;p13.1)

RBM15/MKL1 t(1;22)(p13.3;q13.1)

RPN1/MECOM inv(3)(q21.3q26.2) or t(3;3)
reflex: PRDM16/RPN1 t(1;3)(p36.3;q21.3)
reflex: MECOM/RUNX1 t(3;21)(q26.2;q22)

D5S630/EGR1 -5/5q deletion

D7Z1/D7S486 -7/7q deletion

Perform entire panel

COGTF T-Cell Acute Lymphoblastic Leukemia (T-ALL), Children's Oncology Group Enrollment Testing FISH

Must select probes listed below or entire panel.

BCR/ABL1 t(9;22) and ABL1 amplification
reflex: ABL1 BAP ABL1 rearrangement

MLL (KMT2A) BAP 11q23 rearrangement
reflex: AFF1/MLL t(4;11)(q21;q23)
reflex: MLLT4/MLL t(6;11)(q27;q23)
reflex: MLLT3/MLL t(9;11)(p22;q23)
reflex: MLLT10/MLL t(10;11)(p13;q23)
reflex: MLL/MLLT1 t(11;19)(q23;p13.3)
reflex: MLL/ELL t(11;19)(q23;p13.1)

CDKN2A/D9Z1 -9/9p deletion or +9

TAL1/STIL 1p33 rearrangement

TLX3/BCL11B t(5;14)(q35;q32)

TRB BAP 7q34 rearrangement

Four reflex probes available:
MYB, LMO1, LMO2, TLX1

MLLT10/PICALM t(10;11)(p12;q14)

TRAD BAP 14q11.2 rearrangement

Four reflex probes available:
MYC, LMO1, LMO2, TLX1

TP53/D17Z1 -17/17p deletion

Perform entire panel

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FISH TESTING - TISSUE (PARAFFIN-EMBEDDED)

BLBLF B-Cell Lymphoblastic Leukemia/Lymphoma, FISH, Tissue

Must select probes listed below or entire panel.

CDKN2A/D9Z1 +9/9p-

BCR/ABL1 t(9;22)

MLL (KMT2A) BAP 11q23 rearrangement
 reflex: AFF1/MLL t(4;11)(q21;q23)
 reflex: MLLT4/MLL t(6;11)(q27;q23)
 reflex: MLLT3/MLL t(9;11)(p22;q23)
 reflex: MLLT10/MLL t(10;11)(p13;q23)
 reflex: MLL/MLLT1 t(11;19)(q23;p13.3)
 reflex: MLL/ELL t(11;19)(q23;p13.1)

TP53/D17Z1 -17/17p-

PBX1/TCF3 t(1;19)(q23;p13)

D4Z1/D10Z1/D17Z1 Hyperdiploidy, +4,+10,+17

ETV6/RUNX1 fusion and iAMP21 t(12;21)(p13;q22)

IGH BAP 14q32 rearrangement

MYC BAP 8q24.1 rearrangement

ABL1 BAP 9q34 rearrangement

ABL2 BAP 1q25 rearrangement

PDGFRB BAP 5q33 rearrangement

JAK2 BAP 9p24.1 rearrangement

Perform entire diagnostic panel

TLBLF T-Lymphoblastic Leukemia/Lymphoma, FISH, Tissue

Must select probes listed below or entire panel.

BCR/ABL1 t(9;22) and ABL1 amplification

MLL (KMT2A) BAP 11q23 rearrangement
 reflex: AFF1/MLL t(4;11)(q21;q23)
 reflex: MLLT4/MLL t(6;11)(q27;q23)
 reflex: MLLT3/MLL t(9;11)(p22;q23)
 reflex: MLLT10/MLL t(10;11)(p13;q23)
 reflex: MLL/MLLT1 t(11;19)(q23;p13.3)
 reflex: MLL/ELL t(11;19)(q23;p13.1)

CDKN2A/D9Z1 -9/9p deletion or +9

TAL1/STIL 1p33 rearrangement

TLX3/BCL11B t(5;14)(q35;q32)

TRB BAP 7q34 rearrangement
 reflex: TLX1/TRAD

MLLT10/PICALM t(10;11)(p12;q14)

TRAD BAP 14q11.2 rearrangement
 reflex: TLX1/TRAD

TP53/D17Z1 -17/17p deletion

Perform entire panel

SPECIALIZED TESTING

Chromosomal Microarray

CMAH Chromosomal Microarray, Hematologic Disorders

CMAPT Chromosomal Microarray, Tumor, Formalin-Fixed Paraffin-Embedded

CMAT Chromosomal Microarray, Tumor, Fresh or Frozen using Affymetrix Cytoscan HD