Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

Children's Oncology Group Test Request

Client Information (required)

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

Submitting Healthcare Professional Information (required)

Submitting/Referring Healthcare Professional Name (Last, First)

Fill in only if Call Back is required.

Phone (with area code)	Fax* (with area code)
National Provider Identification (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.
Bone Marrow Transplant ☐ Autologous ☐ Allogeneic ☐ Sex mismatch
Disease Stage ☐ New diagnosis ☐ Relapse ☐ MRD
ICD-10 Diagnosis Code

Patient Information (required)

Patient ID (Medical Record No.)		
Patient Name (Last, First Middle)		
Sex ☐ Male ☐ Female	Birth Date (mm-dd-yyyy)	
Collection Date (mm-dd-yyyy)	Time	☐ am ☐ pm
COG information is required. COG Protocol: COG Registration No.: Is the patient a known Down Syndrome patient? ☐ Yes ☐ No		

Specimens Provided (required)

☐ Blood ☐ Bone marrow ☐ Fixed cells ☐ Cultured cells	☐ Paraffin block No. sent: Indicate source: ☐ Slides No. sent:	☐ Other Anatomic site:
CBC Results HGB:	MCV:	WBC:
RBC:	RDW:	PLT:

Pathologist Information (required)

Submitting/Referring Pathologist Name (Last, First)	
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

Ship specimens to:
Mayo Clinic Laboratories
3050 Superior Drive NW
Rochester, MN 55905

Customer Service: 800-533-1710

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

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)

T829
MC0767-20rev1224

Patient Information (required)

Patient ID (Medical Record No.)	Client Account No.
Patient Name (Last, First Middle)	Client Order No.
Birth Date (mm-dd-yyyy)	

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/IGH	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**

Patient Information (required)

Patient ID (Medical Record No.)	Client Account No.
Patient Name (Last, First Middle)	Client Order No.
Birth Date (mm-dd-yyyy)	

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

Print