2020 MOLECULAR CYTOGENETIC REFERRAL FORM FOR FISH ANALYSIS 2020

Medical Genetics – Wake Forest Baptist Health – Winston-Salem NC
wakehealth.edu/specialty/m/Medical-Genetics P: 336-716-4321 F: 336-716-2554

Collection Date: _____ **Time**: _____ am/pm **Time of Fixation** _____

Name: _____/_____/_____/_____
(Please print) Last First Middle Maiden

Address: _____/_____/_____/_____ **Daytime Phone:**(____)_____
Mailing Address City State Zip

Birth Date: _____ **SS# or Patient ID #**: _____ **Sex**: ☐ male ☐ female

Hospital: _____ **Hospital/Unit #**: _____

Type of Specimen ☐ **Amnio** ☐ **CVS** ☐ **Tissue** ☐ **PUBS** ☐ **POC** ☐ **Urine** ☐ **Blood** ☐ **Bone Marrow**
☐ **Solid Tumor** ☒ **Slides/Smears** ☐ **Paraffin Block** ☐ **Other:** _____

Collection Technique: Green stoppered sodium heparin tube. **Room temperature**

Physician/Provider Order	
Physician: Last, First	/ Phone/beeper
1.	
X.	
2.	
X.	

X. Physician Signature Required

←ATTENDING SIGNATURE

←RESIDENT/OTHER SIGNATURE

Fill out form with at least 2 sample-matching patient identifiers and FISH probes needed.
Email back to cytofish@wakehealth.edu
Bring marked slides to Hanes Ground Floor G022 (FISH LAB)

Questions?
Dr Pettenati: 3-7575
Dr Lyalin: 3-7547
FISH Lab: 6-2064

Signs/Symptoms/Indication (ICD-10 Codes) for Chromosome Study

Indicate **all** that apply. **Codes do not represent entire listing of ICD-109 codes available**. Please consult current ICD-10 code book for complete listing.

LEUKEMIA

- ☐ ALL (C91.00) ☐ remission (.01)
- ☐ Acute Leukemia (C92.A0)
- ☐ Leukemia unspec (C92.90)
- ☐ AML (C92.00) ☐ remission
- ☐
- ☐ APL (C942.40) ☐ remission (.01)
- ☐ Burkitt's Lymphoma unspec (C83.70)
- ☐ Non-Hodgkins (C85.50)
- ☐ CML (C92.10) ☐ remission (.01)
- ☐ MDS (D46.Z)
- ☐ Follicular lymphoma ((C82.0)
- ☐ CLL (C91.10)
- ☐ Hodgkin's Lymphoma unspec (C81.0)
- ☐ Multiple Myeloma (C90.00) ☐ remission (.01)
- ☐ Myeloproliferative Syndrome (C94.6)
- ☐ Thrombocythemia (D69.6)
- ☐ Other (specify): _____

PRENATAL

- ☐ Advanced Maternal Age (O09.519)
- ☐ Inc. Down Syndrome Risk (028.9)
- ☐ Inc. Trisomy 18 Risk (028.9)
- ☐ Suspect fetal chromosome abn (O35.1XX0)
- ☐Abn. Ultrasound – specify _____
- ☐ Other (specify): _____

POSTNATAL

- ☐ Unspecified congenital anomaly (Q89.9)
- ☐ Multiple congenital anomalies (Q89.7)
- ☐ Sex chromosome anomaly (Q52/55.9)
- ☐ Cleft lip/palate (Q37.9)
- ☐ Ambiguous genitalia (Q51-55.9)
- ☐ Delay in sexual development (E30.0)

OTHER

- ☐ Malig of breast (C50.119)
- ☐ Neoplasm of bladder (D49.4)
- ☐ Malign neoplasm of bladder wall NOS (C67.9)
- ☐ Post BMT transplant (Z94.81)
  Specify original disease:_____
- ☐ Other (specify): _____

Test Requested **Note:** When ordering tests for which **Medicare** reimbursement will be sought, it is recommended that the Provider consult any Local Medical Review Policies (**LMRP**) or National Coverage Decisions (**NCD**) that may be applicable to the test(s) being ordered. Based on guidance issued in either of these policies it may be necessary to obtain an Advanced Beneficiary Notice (**ABN**) from the Medicare Patient.Form Medicaid and other carriers a signed **Statement of Financial Responsibility** from the patient may be necessary . (See Statement of Financial Responsibility at top of form.)

FISH Probes – select as needed

Prenatal

- ☐13/16/18/21/XY
- ☐ +13 LSI
- ☐ +21 LSI
- ☐ +18 LSI
- ☐ +/- X
- ☐ +/- Y

Syndrome/Microdeletion

- ☐ Angelman 15q11
- ☐ Cri-du-chat 5p15.2
- ☐ DiGeorge/VCF 22q11
- ☐ Williams 7q11.23
- ☐ Kallmann Xp22.3
- ☐ Miller-Dieker 17p13.3
- ☐ Prader-Willi 15q12
- ☐ Retinoblastoma 13q14
- ☐ Smith-Magenis 17p11.2
- ☐ Wolf-Hirschhorn 4p16.3
- ☐ Trisomy 21
- ☐ Trisomy 13
- ☐ Trisomy 18
- ☐ Turner 45, X
- ☐ Klinefelter 47, XXY
- ☐ Sex Chromosome
- ☐ SRY Yp11.3
- ☐ STS Xp22.3

Leukemia / Tumor

- ☐ inv(3q)
- ☐ -5 / del 5q31
- ☐ -7 / del 7q31
- ☐+8 (AML)
- ☐ (9;22-CML) BCR/ABL
- ☐ BCR/ABL and ASS
- ☐ inv (16)
- ☐ del 20q12.2
- ☐ (15;17-APL) PML/RARA
- ☐ t(6;9) AML
- ☐
- ☐ t(8;21) AML RUNX1/RUNX1T1
- ☐ 11q23 MLL
- ☐ PDGFRA/CHIC2/FIPL1
- ☐ PDGFRB
- ☐ X/Y (transplant)
- ☐ Other specify:_____
- ☐ t(12;21) TEL/AML
- ☐ 12p (ETV6)
- ☐ +4/+10/+17 (BALL)
- ☐ 6q (MYB)
- ☐ t(1;19) PBX1/TCF3
- ☐ inv(14) TCL1
- ☐ CHOP (12q13)
- ☐ +12 (CLL)
- ☐ FGFR1 (8p12)
- ☐ CDKN2A (9p21)
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐ BCL-6
- ☐ MYC 8q
- ☐ Burkitts t(8;14)
- ☐ Mantle Cell t(11;14)
- ☐ IlH / ☐ IkH / ☐ IgH
- ☐ MALT (18q)
- ☐ Follicular t(14;18)
- ☐ N-MYC (2p)
- ☐ SYT Synovial sarc(X;18)
- ☐ Ewings Sarcoma Panel
- ☐ ALK t(2;5)
- ☐ ROS-1
- ☐ Brain (1pq19pq)
- ☐ MDM2
- ☐

Panels

- ☐ B-ALL
- ☐ Uro Vysion-Bladder
- ☐ Her2/neu-breast / gastric
- ☐ CLL
- ☐ Mult Myeloma
- ☐ MDS 5q/7q/8
- ☐ Eosinophilia
- ☐ Triple lymph