

ONCO – HEMATOLOGY CYTOGENETICS

TESTING LABORATORY	SAMPLING
Customer n°: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> C / <input type="text"/>	Sampling date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mandatory stamp	Sampling time:
	<input type="checkbox"/> Heparinized whole blood <input type="checkbox"/> Bone marrow on transport medium <input type="checkbox"/> Lymph node <input type="checkbox"/> Bone marrow on heparinate tube <input type="checkbox"/> Other (specify)

PATIENT	PRESCRIBER
SURNAME	SURNAME
FIRST NAME	FIRST NAME
Maiden Name	Address
Address	CP City
CP City	Tel. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Genre: <input type="checkbox"/> F <input type="checkbox"/> M	E-mail address:
	Signature:

REQUESTED ANALYSIS
<input type="checkbox"/> Karyotype: conventional cytogenetics <input type="checkbox"/> FISH (fluorescence in situ hybridization): molecular cytogenetics, to specify if needed:
PACKAGES FOR HEMATOLOGICAL MALIGNANCIES DIAGNOSIS:
<input type="checkbox"/> Acute leukemia: Karyotype + FISH + DNA and RNA extractions (if complementary EDTA tube provided) – (OPL code LADIA) <input type="checkbox"/> Lymphoproliferative syndrome diagnosis: Karyotype + FISH according to the type of lymphoid neoplasm – (OL code SYLEX)

CLINICAL DATA (must be completed)
DIAGNOSTIC
<input type="checkbox"/> AML: <input type="checkbox"/> ALL: <input type="checkbox"/> MDS <input type="checkbox"/> MPN <input type="checkbox"/> CML <input type="checkbox"/> CMML <input type="checkbox"/> Hypereosinophilic syndrom <input type="checkbox"/> CCL <input type="checkbox"/> NHL <input type="checkbox"/> Myeloma/MGUS (% of medullary plasmocytic cells:%) <input type="checkbox"/> Waldenström <input type="checkbox"/> Other:
DISEASE STATE
<input type="checkbox"/> Diagnosis: Confirmed / Suspected <input type="checkbox"/> Remission <input type="checkbox"/> Progression <input type="checkbox"/> Rechute
ALLOTTRANSPLANT: <input type="checkbox"/> Yes <input type="checkbox"/> No Treatment (specify):
DBC (Differential Blood Count) (Attach copy of the latest report):
Hb MGv WBC Platelets Lympho PMNL PEO PBaso Mono Myelemia Blasts
ADDITIONAL CLINICAL DATA:
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