

Please paste here the patient identification or provide the following data:

NAME _____

DATE OF BIRTH / / _____

Also paste the identification tag, or write the name on the tube(s)

REQUEST FOR GENETIC STUDIES IN HEMATO-ONCOLOGY

I. REQUESTING ENTITY

REQUESTING PHYSICIAN _____

TELEPHONE _____

E-MAIL _____

II. SAMPLE SENT

1. SAMPLE SENT _____ COLLECTION DATE / / _____

BONE MARROW PERIPHERAL BLOOD LYMPH NODE BIOPSY

III. CLINICAL INFORMATION

1. DIAGNOSIS (DISCRIMINATE AS MUCH AS POSSIBLE)

DEFINITIVE. SPECIFY: _____ DISEASE PHASE _____

PROVISIONAL. SUSPECTED: _____

2. THERAPY IN PROGRESS? IS NOT DOING ONGOING. WHICH?

RECENT, WHICH ONE? _____ FINISHED ON / / _____

3. PREVIOUS (CYTO) GENETIC STUDIES? NO YES PREVIOUS INFORMATION: _____

4. OTHER INFORMATION IT DEEMS RELEVANT _____

IV. INTENDED ANALYSIS (please mention all the exams requested in the term of responsibility)

<input type="radio"/> 3044 karyotype in a biological sample	<input type="radio"/> 3121 Mutation L265P in MYD88 gene	<input type="radio"/> 1582 JAK2 gene mutation V617F (BLOOD)
<input type="radio"/> 3085 FISH - del(13q14.3)	TRICOLEUKEMIA	<input type="radio"/> 3154 Mutações no gene CALR
<input type="radio"/> 3086 FISH - del(11q22.3)	<input type="radio"/> 3072 BRAF gene mutation	<input type="radio"/> 3155 Mutações no gene MPL
<input type="radio"/> 3087 FISH - del(17p)	STUDY OF CLONALITY	HYPEREOSINOPHILIA
<input type="radio"/> 3088 FISH - 12 trisomy	<input type="radio"/> 3199 Igh - Clonalidade B	<input type="radio"/> 3067 FIP1L1/PDGFR-alfa mutation
<input type="radio"/> 3194 FISH - del(6q21)	<input type="radio"/> 3200 TCRB - Clonalidade T	<input type="radio"/> 3082 PDGFR-Beta mutation analysis
<input type="radio"/> 4203 NGS-TP53	<input type="radio"/> 3201 TCRG - Clonalidade T	<input type="radio"/> 3181 FGFR1 rearrangement
<input type="radio"/> 3205 Karyo FISH	MYELODYSPLASTIC SYNDROME	CHRONIC NEUTROFILIC LEUKEMIA
<input type="radio"/> 3044 Karyotype of lymphocytes in biological sample	<input type="radio"/> BM 3044 · <input type="radio"/> PB 3004 Karyotype of lymphocytes in biological sample	<input type="radio"/> 3176 T618I gene CSF3R Mutation
<input type="radio"/> 3122 FISH - del(17p)	<input type="radio"/> BM 3159 · <input type="radio"/> PB 3169 FISH - 8 trisomy	SYSTEMIC MASTOCYTOSIS
<input type="radio"/> 3140 FISH - t(4;14)	<input type="radio"/> BM 3160 · <input type="radio"/> PB 3168 FISH - del(20q12)	<input type="radio"/> 3062 c-kit gene D816V mutation (Mastocytosis)
<input type="radio"/> 3141 FISH - t(14;16)	<input type="radio"/> BM 3161 · <input type="radio"/> PB 3166 FISH - del(5q31)	ACUTE MYELOID LEUKEMIA
<input type="radio"/> 3039 FISH - t(11;14)	<input type="radio"/> BM 3162 · <input type="radio"/> PB 3167 FISH - 7 monosomy	<input type="radio"/> 3064 AML1 / ETO rearrangement study [t(8; 21)]
<input type="radio"/> 3173 FISH - del(1p)/+1q	<input type="radio"/> BM 3162 · <input type="radio"/> PB 3167 FISH - del(7q)	<input type="radio"/> 3065 FISH - inv(16)/t(16;16) [CBFB-MYH11]
<input type="radio"/> 3118 FISH for multiple myeloma (13q-, 17p-, t(4;14), t(11;14))	<input type="radio"/> BM 3139 · <input type="radio"/> PB 3182 FISH - del(17p)	<input type="radio"/> 3178 RT-PCR - t(15;17) [PML-RARA]
DIFFUSE LARGE CELL LYMPHOMA	<input type="radio"/> BM 3202 · <input type="radio"/> PB 3203 FISH - PAINEL [del(5q); del(7q); del(20q)]	<input type="radio"/> 3183 FISH - t(9;11) [MLL2-KMT2A]
<input type="radio"/> 3175 FISH - t(14;18) [IGH/BCL2]	CHRONIC MYELOID LEUKEMIA	<input type="radio"/> 3284 FISH - t(6;9) [DEK-NUP214]
<input type="radio"/> 3195 FISH - t(8;14) [MYC/IGH]	<input type="radio"/> 3014 FISH - t(9;22)	<input type="radio"/> 3285 FISH - inv(3)/t(3;3) [GATA2, MECOM]
<input type="radio"/> 3196 FISH - BCL6	<input type="radio"/> 3052 Translocation t(9;22)(BCR/ABL rearrangement)	<input type="radio"/> 3187 NPM1 gene mutations
FOLLICULAR LYMPHOMA	<input type="radio"/> 3080 Quantification of BCR/ABL t(9;22) (p190)	<input type="radio"/> 3188 CEBPA gene mutations
<input type="radio"/> 3175 FISH - t(14;18) [IGH/BCL2]	<input type="radio"/> 3081 Quantification of BCR/ABL t(9;22) (p210)	<input type="radio"/> 3189 FLT3 gene mutations
BURKITT'S LYMPHOMA	POLYCYTHEMIA VERA	LEUKEMIAS / LYMPHOBLASTIC LYMPHOMAS B
<input type="radio"/> 3195 FISH - t(8;14) [MYC/IGH]	<input type="radio"/> 1582 JAK2 gene Mutation V617F (Blood)	<input type="radio"/> 3190 FISH - t(v;11q23.3) [KMT2A]
MALT'S LYMPHOMA	<input type="radio"/> 2616 JAK2 gene mutations (Exon 12)	<input type="radio"/> 3191 FISH - t(12;21) [ETV6-RUNX1]
<input type="radio"/> 3198 FISH - t(14;18) [IGH/MALT1]	ESSENTIAL THROMBOCYTOPENIA	<input type="radio"/> 3192 FISH - t(5;14) [IL3-IGH]
<input type="radio"/> 3197 FISH - t(11;18) [API2/MALT1]	<input type="radio"/> 1582 JAK2 gene Mutation V617F (Blood)	<input type="radio"/> 3193 FISH - t(1;19) [TCF3-PBX1]
MANTLE LYMPHOMA	<input type="radio"/> 3154 MPL gene mutations	OTHER STUDIES
<input type="radio"/> 3039 FISH - t(11;14) [CCND1/IGH]	<input type="radio"/> 3155 CALR gene mutations	<input type="radio"/> 3044 Karyotype in a biological sample
		<input type="radio"/>
		<input type="radio"/>

INFORMED CONSENT

I CONSENT to having the above genetic testing performed on which I have previously been clearly and objectively informed about the application and limitations thereof. I AUTHORIZE the collection of biological samples necessary for the performance of the genetic test (s) indicated by the Germano de Sousa Laboratory Medicine Center or, if necessary, by other laboratories designated by it. I AUTHORIZE that the data contained in this form be registered and treated only by duly authorized professionals, guaranteeing the protection and confidentiality according to the law in force. I GIVE MY CONSENT for the result(s) to be sent to the medical assistant. I WAS INFORMED about my right to revoke consent at any time without justification by sending an email.

SIGNATURE OF THE PATIENT OR THE LEGAL RESPONSIBLE (MINOR OR MAJOR INCAPABLE) OBLIGATORY _____

DATE _____

SIGNATURE OF THE DOCTOR OBLIGATORY _____

CONTACT FOR SUBMISSION OF RESULTS OBLIGATORY _____

IMPORTANT: Send the sample on the collection day. Do not send on Friday, or on the eve of bank holiday (consult central laboratory).