WAKE FOREST UNIVERSITY MEDICAL GENETIC LABORATORIES

Department of Pediatrics, Medical Center Blvd., Winston-Salem NC

Physician Request for Additional FISH Testing

Physician: _____ **Date:** _____

Patient: _____ **Lab Number:**_____

Test requested:_____ **Date:** _____

Preliminary cytogenetic results and/or requests from the referring physician(s), it is recommended that additional cytogenetic testing be performed to complete the analysis. The recommended test(s) are:

CPT code

[ ] 88271 Molecular cytogenetics; DNA probe, each (eg FISH)
[ ] 88272 Chromosomal in situ hybridization, analyze 3-5 cells
[ ] 88273 Chromosomal in situ hybridization, analyze 10-30 cells
[ ] 88274 Interphase in situ hybridization, analyze 25-99 cells
[ ] 88275 Interphase in situ hybridization, analyze 100-300 cells
[ ] 88291 Cytogenetics and molecular cytogenetics, interpretation and reporting
[ ] **Other:**_____

FISH probes required for testing

Hematologic	Hematologic Panels	Clinical
☐ t(2;5) **Anaplastic**	☐ X/Y **transplant**	☐ **Aneuploid Screen (13/18/21/X/Y)**
☐ t(9;22) **BCR/ABL**	☐ CLL panel **(17p-/+12/13q-/11q)**	☐ +13
☐ t(15;17) **PMR/RARA**	☐ Multiple Myeloma panel	☐ +18
☐ t(12;21) **TEL/AML**	☐ +4/+10/+17 **ALL**	☐ +21
☐ t(8;21) **AML/ETO**	☐ UroVysion **bladder cancer**	☐ Wolf Hirschorn **4p-**
☐ t(11;14) **Mantle Cell**	☐ Her2/Neu **breast cancer**	☐ Cri du Chat **5p-**
☐ t(14;18) **Follicular lym**		☐ Williams **7q22**
☐ t(8;14) **Burkitts lym**	☐_____	☐ Angelman **15q12**
☐ t(11:22) **Ewings Sarcoma**		☐ Prader-Willi **15q12**
☐ 3q abn **BCL6**	☐_____	☐ DiGeorge/VCF **22q11**
☐ -5/5q **MDS / AML**		☐ Miller-Dieker **17p13**
☐ -7/7q **MDS / AML**	☐_____	☐ Smith-Magenis **17p11**
☐ +8 **CML / AML**		☐ STS **Xp22.3**
☐ inv(16) **AML-M4EO**		☐ Kallmans **Xp22.3**
☐ 20q- **PCV**		☐ Sex - X&Y
☐ 11q23 **MLL**		☐ SRY Xp22.3
☐ t(18q21) **MALT**		☐ Subtelomere
☐ MYC **LYMPHOMA**		☐ M-FISH

Upon your approval, we will proceed with the necessary testing

Physician approval signature: _____ Date: _____

Verbal approval by: _____ Date: _____

Laboratory Director/Supervisor: _____ Date: _____

Please FAX your reply to 336-716-2554 within 1 week of the above date.

If you have any questions please call 336-716-4321 *Thank you for your assistance.*