

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**
- t(9;22) **BCR/ABL**
- t(15;17) **PMR/RARA**
- t(12;21) **TEL/AML**
- t(8;21) **AML/ETO**
- t(11;14) **Mantle Cell**
- t(14;18) **Follicular lym**
- t(8;14) **Burkitts lym**
- t(11;22) **Ewings Sarcoma**
- 3q abn **BCL6**
- 5/5q **MDS / AML**
- 7/7q **MDS / AML**
- +8 **CML / AML**
- inv(16) **AML-M4EO**
- 20q- **PCV**
- 11q23 **MLL**
- t(18q21) **MALT**
- MYC LYMPHOMA**

- X/Y **transplant**
- CLL panel (**17p-/12/13q-/11q**)
- Multiple Myeloma panel
- +4/+10/+17 **ALL**
- UroVysion **bladder cancer**
- Her2/Neu **breast cancer**
- _____
- _____
- _____

- Aneuploid Screen (13/18/21/X/Y)**
- +13
- +18
- +21
- Wolf Hirschorn **4p-**
- Cri du Chat **5p-**
- Williams **7q22**
- Angelman **15q12**
- Prader-Willi **15q12**
- DiGeorge/VCF **22q11**
- Miller-Dieker **17p13**
- Smith-Magenis **17p11**
- STS **Xp22.3**
- Kallmans **Xp22.3**
- Sex - X&Y
- SRY **Xp22.3**
- Subtelomere
- 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.