

# SSM Cardinal Glennon Children's Medical Center

Patient History To Accompany Specimens

Molecular-Cytogenetics Laboratory  
 Director: Jacqueline R. Batanian, Ph.D.

Lab Phone: (314) 577-5393  
 Lab Fax: (314) 268-6489

<p><b>Patient Name</b> _____</p> <p><b>D.O.B.</b> ____/____/____ <b>Age</b> _____ <b>Sex:</b> _____</p> <p><b>Medical Record:</b> _____</p> <p><b>Hospital/Clinic</b> _____</p> <p><b>Phone:</b> _____</p> <p><b>Referring Physician:</b> _____</p> <p><b>Attending Physician:</b> _____</p> <p>Inpatient? <input type="checkbox"/> Outpatient? <input type="checkbox"/> Bill directly? <input type="checkbox"/></p>	<p><b>Stamp placement here if used by your facility:</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Please attach direct outpatient bill insurance information.</p>
--	--

<p><b>Type of Specimen:</b></p> <p><input type="checkbox"/> Blood</p> <p><input type="checkbox"/> Bone Marrow</p> <p><input type="checkbox"/> Oncology Blood - <b>Blast %</b> _____</p> <p><input type="checkbox"/> Lymph Node</p> <p><input type="checkbox"/> Mass - <b>Type</b> _____</p> <p><input type="checkbox"/> Pleural Effusion</p> <p><input type="checkbox"/> Solid Tumor - <b>Type</b> _____</p>	<p><b>Other Necessary Information:</b></p> <p>WBC% _____</p> <p>Circulatory Blasts _____</p> <p>Immunocytes _____</p> <p><b>Collection Date</b> ____/____/____  <b>and Time</b> ____:____am/pm</p>	<p><b>Cancer Testing :</b></p> <p><input type="checkbox"/> <b>CONSIDERED</b> or <input type="checkbox"/> <b>CONFIRMED</b></p> <p><b>OF TYPE:</b></p> <p><input type="checkbox"/> <b>ANLL</b>                      <input type="checkbox"/> <b>MDS</b></p> <p><input type="checkbox"/> <b>CML</b>                        <input type="checkbox"/> <b>CLL</b></p> <p><input type="checkbox"/> <b>ALL</b>                         <input type="checkbox"/> <b>MPD</b></p> <p><input type="checkbox"/> <b>LYMPHOMA</b></p> <p><input type="checkbox"/> T-cell or <input type="checkbox"/> B-cell</p>
--	--	--

**Disease Status:**

<input type="checkbox"/> Pretreatment	<input type="checkbox"/> Complete	<input type="checkbox"/> Disease Relapse	<input type="checkbox"/> Radiation
<input type="checkbox"/> Possible	<input type="checkbox"/> Remission	<input type="checkbox"/> Pre-transplant	<input type="checkbox"/> Therapy
<input type="checkbox"/> Remission	<input type="checkbox"/> Residual	<input type="checkbox"/> Post Transplant	<input type="checkbox"/> Suspected 2 <sup>nd</sup>
<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Disease	_____ donor sex	<input type="checkbox"/> malignancy

**Ordered Tests**

**CHROMOSOME ANALYSIS**       Routine Chromosome Study

**FLUORESCENCE IN-SITU HYBRIDIZATION**

*Hematological Disorders:*

<p><b>AML</b></p> <p><input type="checkbox"/> t(15;17) PML/RARA</p> <p><input type="checkbox"/> t(8;21) ETO/AML1</p> <p><input type="checkbox"/> Inv(16) CBFB</p> <p><input type="checkbox"/> 11q23 MLL</p> <p><input type="checkbox"/> +8 CEP8</p> <p><input type="checkbox"/> AML Panel</p> <p><b>MDS</b></p> <p><input type="checkbox"/> -7 / del7q D7S486</p> <p><input type="checkbox"/> -5 / del5q EGR1</p> <p><input type="checkbox"/> 5q31 PDGFRB</p> <p><input type="checkbox"/> Del 20q D20S108</p> <p><input type="checkbox"/> +8 CEP8</p> <p><input type="checkbox"/> Del 13qD13S319</p> <p><input type="checkbox"/> MDS Panel</p> <p><b>Post Transplant</b></p> <p><input type="checkbox"/> CEP X/Y</p>	<p><b>MM</b></p> <p><input type="checkbox"/> Del 13q D13S319</p> <p><input type="checkbox"/> t(4;14) FGFR3/IGH</p> <p><input type="checkbox"/> t(11;14) CCND1/IGH</p> <p><input type="checkbox"/> 17p13/11q21 p53/A1</p> <p><input type="checkbox"/> Panel</p> <p><b>CML/MPD</b></p> <p><input type="checkbox"/> t(9;22) BCR/ABL</p> <p><input type="checkbox"/> CHIC2/del4q12</p> <p><input type="checkbox"/> FIP1L1/PDGFRB</p> <p><b>ALL</b></p> <p><input type="checkbox"/> t(12;21) TEL/AML1</p> <p><input type="checkbox"/> t(9;22) BCR/AML</p> <p><input type="checkbox"/> 11q23 MLL</p> <p><input type="checkbox"/> Hyper/hypodiploidy 4,10,17</p>	<p><b>CLL</b></p> <p><input type="checkbox"/> +12 CEP12</p> <p><input type="checkbox"/> Del(13)q D13S319</p> <p><input type="checkbox"/> 11q22.3 ATM</p> <p><input type="checkbox"/> 17p13 p53</p> <p><input type="checkbox"/> t(11;14) CCND1/IGH</p> <p><input type="checkbox"/> CLL Panel</p> <p><b>Lymphoma</b></p> <p><input type="checkbox"/> 3q27 BCL6</p> <p><input type="checkbox"/> 2p23 ALK</p> <p><input type="checkbox"/> t(11;14) CCND1/IGH</p> <p><input type="checkbox"/> t(8;14) CMYC/IGH</p> <p><input type="checkbox"/> 18q21 MALT1</p> <p><input type="checkbox"/> t(14;18) IGH/BCL2</p> <p><input type="checkbox"/> Lymphoma Panel</p>	<p><i>Solid Tumors:</i></p> <p><input type="checkbox"/> Oligodendro-glioma 1p/19q</p> <p><input type="checkbox"/> Ewing Sarcoma 22q12</p> <p><input type="checkbox"/> Synovial Sarcoma 18q11.2</p> <p><input type="checkbox"/> Neuroblastoma 2p24</p>
--	---	--	---