HEMATOLOGY REQUISITION FORM

GENOMED
Está nos genes.

Identification (Mandatory):	***GenoMed use only***
Name:	Label
Gender: F ☐ M ☐	Referring doctor:
Date of birth:	Hospital/Service:
Identification number:	Telephone or email:

Do you authorize the report to be sent by email? Yes ☐ No ☐ If yes, please indicate the **institutional e-mail adress**: _____

Clinical Data and Diagnosis:

Leucocyte count ……..
Blast infiltration (%)……..

Clinical Situation: Inicial Diagnosis ☐ Relapse ☐ Monitoring ☐ **Therapy:** No ☐ Yes ☐ Which? .....

Bone Marrow Transplant (BMT): No ☐ Yes ☐ Date: **Recipient**: Pre-BMT ☐ Post-BMT ☐

Donor: Gender F ☐ M ☐ Relative ☐ ..... Panel ☐ .....

Sample: Peripheral Blood ☐ Bone Marrow ☐ Lymph Node ☐ Other ☐ ..... **Collection:** Date: ...../...../..... Time.....

TEST DIRECTORY:

COLLECTION IN HEPARIN TUBE

CONVENTIONAL CYTOGENETIC

34100	Karyotype (cell culture + analysis)	☐
34025	Cell Culture without analysis	☐

COLLECTION IN HEPARIN OR EDTA TUBE

34900	Processing for FISH studies	☐

FISH:
*Paraffin embedded tissue sections (*3x50 µm*): 31710

Chronic Lymphocytic Leukemia

5x34156*	**Panel 1** - 11q-, 17p-, +12, IgH, 13q-	☐
7x34156*	**Panel 2** - 11q-, 17p-, +12, IgH, 13q- (D13S319 e D13S25), 6q-	☐

Myelodysplastic Syndrome

3x34156	**Panel 1** - 5q-, 7q-, 20q-	☐
5x34156	**Panel 2** - 5q-, 7q-, 20q-, +8, 17p-	☐
36301	**Panel 3** - 5q- (5q31 and 5q33-34), 7q-, 20q-	☐

Multiple Myeloma

36229	**Panel 1** - cIg-FISH: 13q-, 17p-, t(4;14), t(11;14), t(14;16)	☐
7x34156	**Panel 2** - cIg-FISH: 13q-, 17p-, t(4;14), t(11;14), t(14;16), 1q+, aneuploidias 5, 9 e 15	☐
4x34156	**Panel 3** - cIg-FISH: 17p-, t(4;14), t(14;16), 1q+	☐

Diffuse Large Cell Lymphoma

3x34156*	t(14;18), *MYC* and *BCL6*	☐

Follicular Lymphoma

34156*	t(14;18)	☐

Burkitt Lymphoma

34156*	t(8;14)	☐

Malt Lymphoma

2x34156*	t(11;18) and t(14;18) *IgH::Malt1*	☐

Mantle Cell Lymphoma

34156*	t(11;14)	☐

Neoplasms with eosinophilia

34156	*PDGFR β*	☐
34156	*FGFR1*	☐

Acute Myeloid Leukemia (AML)

4x34156	t(15;17), t(8;21), *KMT2A*, inv(16)	☐

Chronic Myeloid Leukemia (CML)

34156	t(9;22)	☐

COLLECTION IN EDTA TUBE- MOLECULAR BIOLOGY

34201	DNA Extraction	☐
34205	RNA Extraction	☐
34201 +34205	Processing for Molecular Biology Tests	☐
34425	**Post-transplant Chimerism Analysis**	☐

Fusion gene transcripts

34412	t(8;21) *RUNX1::RUNX1T1*	☐
34409	t(15;17) *PML::RARA*	☐
34584	inv(16) *CBFB::MYH11*	☐
34209	t(4;11) *KMT2A::AFF1*	☐
34403	t(9;22) *BCR::ABL1*	☐
34418	t(1;19) *TCF3::PBX1*	☐
34210	del(1) *SIL::TAL1*	☐
34622	t(12;21) *ETV6::RUNX1*	☐
36300	del(4)(q12;q12) *FIP1L1::PDGFR* α	☐

Quantification of fusion gene transcripts

36219	t(9;22) *BCR::ABL1*- p190	☐
36219	t(9;22) *BCR::ABL1*- p210	☐

Mutation Assays

36220	*BCR::ABL1* Resistant Mutation Assay (Sanger)	☐
34900	*BCR::ABL1* Resistant Mutation Assay (NGS)	☐
36214	*FLT3* Mutation Assay(ITD e TDK)	☐
36215	*NPM1* Mutation Assay	☐
34900	*CEBPA* Mutation Assay	☐
34900	*IDH1* Mutation Assay – exon 4	☐
34900	*IDH2* Mutation Assay – exon 4	☐
34847	*Kit* D816V Mutation Assay	☐
34900	*ASXL1* Mutation Assay – exon 12	☐
36250	*JAK2* V617F Mutation Assay	☐
34900	*CALR* Mutation Assay - exon 9	☐
36245	*MPL* W515L/K Mutation Assay	☐
36251	*JAK2* Mutation Assay- exon 12	☐
36168	Mutational Status of IGHv genes	☐
34900	*TP53* Mutation Assay	☐
34900	*MYD88* L265P Mutation Assay	☐
34900	*CXCR4* (c-terminal) Mutation Assay	☐
36314	*BRAF* V600E Mutation Assay	☐
34900	*PTPN11* Mutation Assay (3, 8, 13)	☐

Lymphomas – Fusion gene

34610	t(14;18) *BCL2::IgH*	☐
34610	t(11;14) *BCL1::IgH*	☐

Clonality Assays

36166	B Clonality Assay – IgH	☐
36166	B Clonality Assay – IgK	☐
36167	T Clonality Assay - TCRB	☐
36167	T Clonality Assay - TCRG	☐

COLLECTION IN EDTA TUBE- MOLECULAR BIOLOGY

NGS – Myeloid Panel:

34900	*ABL1, ASXL1, BRAF, CALR, CBL, CEBPA, CSF3R, DNMT3A, ETV6, EZH2, FLT3, HRAS, IDH1, IDH2, JAK2, KIT, KRAS, MPL, NPM1, NRAS, PTPN11, RUNX1, SETBP1, SF3B1, SRSF2, TET2, TP53, U2AF1, WT1, ZRSR2*	☐

NGS – Specific Panels:

Acute Myeloid Leukemia (AML)

34900	*ASXL1, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, KIT, KRAS, NPM1, NRAS, RUNX1, SRSF2, TET2, TP53, U2AF1, WT1*	☐

Myelodysplastic Syndrome (MDS)

34900	**Panel 1** - *ASXL1, BRAF, CBL, CEBPA, CSF3R, DNMT3A, EZH2, FLT3, HRAS, IDH1, IDH2, KRAS, MPL, NPM1, NRAS, RUNX1, SF3B1, SRSF2, TET2, TP53, U2AF1, WT1, ZRSR2*	☐
34900	**Panel 2 –** *ASXL1, ETV6, RUNX1, SF3B1, TP53*	☐

Myeloproliferative Neoplasms (MPNs)

34900	**Panel 1** - *ASXL1, EZH2, IDH1, IDH2, JAK2, SRSF2, TP53, U2AF1*	☐
34900	**Panel 2** - *ASXL1, CALR, EZH2, JAK2, MPL, SRSF2*	☐

Juvenile Myelomonocytic Leukemia (JMML)

34900	*CBL, KRAS, NRAS, PTPN11, RUNX1, SETBP1, ZRSR2*	☐

Chronic Myelomonocytic Leukemia (CMML)

34900	*ASXL1, CBL, KRAS, NRAS, RUNX1, SETBP1, SRSF2 e TET2*	☐

Chronic Lymphocytic Leukemia (CLL)

34900	*TP53*	☐

Other Panels

34900	…….. …….. …….. …….. …….. ……	☐

Other Studies

34900	……	☐

Signature of the Referring Doctor: **Date:**..... /...../.....

CONTACT PERSONS: Dra. Sónia Santos, PhD (soniasantos@medicina.ulisboa.pt) Ext. 47301/ 47326

GenoMed, Diagnósticos de Medicina Molecular SA
Instituto de Medicina Molecular
Faculdade de Medicina da Universidade de Lisboa

Edifício Egas Moniz
Av. Prof. Egas Moniz
1649-028 LISBOA
PORTUGAL

Tel: (351) 21 799 95 01
Fax: (351) 21 799 95 00
E-mail: genomed@genomed.pt
www.genomed.pt

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FISH: *Paraffin embedded tissue sections (*3x50 µm*): 31710

34156*	t(14q32) *IgH*	☐
34156*	t(2p23) *ALK*	☐
34156*	t(8q24) *MYC*	☐
34156*	t(3q27) *BCL6*	☐
34156*	t (8;14)(q24;q32) *IgH::MYC*	☐
34156*	t (11;14)(q13;q32)*IgH::CCND1*	☐
34156*	t(14;18)(q32;q21) *IgH::BCL2*	☐
34156*	t(14;18)(q32;q21) *IgH::Malt1*	☐
34156*	t(11;18)(q21;q21) *BIRC3::Malt1*	☐
34156	t(14;16)(q32;q23) *IgH::MAF*	☐
34156	t(4;14)(p16;q32) *IgH::FGFR3*	☐
34156	Aneuploidy of 5, 9 and 15	☐
34156	1q+	☐
34156*	17p- [del(17p13) *TP53*]	☐
34156*	6q- [del(6q21)]	☐
34156*	cenX/cenY	☐
34156*	t(17q12-q21) *RARA*	☐
34156	t(15;17)(q22;q21) *PML::RARA*	☐
34156	inv(16)/t(16;16))(p13;q22)	☐
34156	t(9;22)(q34;q11.2) *BCR::ABL1*	☐
34156	t(8;21)(q22;q22) *RUNX1::RUNX1T1*	☐
34156	t(11q23) *KMT2A*	☐
34156	*PDGFR β*	☐
34156	*FGFR1*	☐
34156*	11q- [del(11q22.3) *ATM*]	☐
34156*	13q- [del(13q14.3) D13S319]	☐
34156*	13q- [del(13q14.3) D13S25]	☐
34156	-5 ou 5q- [del(5q31)]	☐
34156	-5 ou 5q- [del(5q33-34)]	☐
34156	-7 ou 7q- [del(7q31)]	☐
34156	20q- [del(20q12)]	☐
34156	cen 8	☐
34156*	+12 [cen12]	☐
	……	☐

Informed Consent (mandatory - to be filled by the patient):

I hereby declare that I have read the Privacy Policy of GenoMed® - Diagnósticos de Medicina Molecular, S.A., available at https://genomed.pt/en/privacy-and-cookies-policy/ and I give my consent to the processing of the personal data.

☐ Agree ☐ Not agree

I also declare to authorize the collection of mine/my _____ [affiliation], _____ _____ _____ ___ [name], born on _____/_____/_____ __, to the execution of the genetic testing described above, whose purposes and limitations were explained by the aforementioned physician. Herewith I declare that I have been informed about the consequences resulting from the teste results. I agree that the sample may be stored in order to allow repetition of the tests or further related tests at GenoMed or authorized partners around the world. The data/test results are subject to medical confidentiality and should only be disclosed to family members or other physicians with my permission. I am entitled to revoke this consent at any time.

☐ Agree ☐ Not agree

I also declare that the data/test results may be used in scientific

COLLECTION IN EDTA TUBE

OTHER TESTS

Hematology

34301	Antithrombin III deficiency: *SERPINC1* gene	☐
34497	Thrombophilias panel: Factor II, Factor V, *MTHFR*, and *PAI1*	☐
34370	Factor II deficiency (Prothrombin): G20210A	☐
34361	Factor V deficiency: Leiden mutation	☐
34367	Hyperhomocysteinemia: *MTHFR* gene (C677T and A1298C)	☐
34364	Plasminogen activator inhibitor 1 (PAI-1) (4G mutation)	☐
34310	Factor VII Deficiency: *F7* gene - index case	☐
34311	Factor VII Deficiency: *F7* gene - familial case	☐
34900	Factor XII deficiency: *F12* gene (C46T mutation)	☐
34900	Factor XIII deficiency: *F13A1* gene	☐
34900	Factor XIII deficiency: *F13B* gene	☐
34305	Protein S deficiency: *PROS1* gene - index case	☐
34306	Protein S deficiency: *PROS1* gene - familial case	☐
34900	Osler-Weber-Rendu disease: *ACVRL1* gene	☐
34900	Osler-Weber-Rendu disease: *ENG* gene	☐
34900	Osler-Weber-Rendu disease: *ACVRL1* and *ENG* genes (MLPA)	☐
34900	von Willebrand disease type 1, 2, 3: *VWF* gene	☐
34900	von Willebrand disease type 2A, 2B, or 2M: *VWF* gene (exon 28)	☐
34325	Sickle-cell anemia: *HBB* gene	☐
34900	Glanzmann thrombasthenia: *ITGA2B* gene	☐
34900	Glanzmann Thrombasthenia: *ITGB3* gene	☐
34900	Glanzmann thrombasthenia: *ITGA2B* and *ITGB3* genes	☐
34900	Blackfan-Diamond anemia – panel of 20 genes by NGS: *GATA1, RPL5, RPL11, RPL15, RPL26, RPL27, RPL31, RPL35A, RPL36, RPS7, RPS10, RPS15, RPS19, RPS24, RPS26, RPS27, RPS27A, RPS28, RPS29, TSR2*	☐
34900	Fanconi anemia – panel of 3 genes by NGS: *FANCA, FANCC, FANCG*	☐
34900	Hemophagocytic syndrome - panel of 7 genes by NGS: *DCLRE1C, PRF1, STX11, STXBP2, RAG1, RAG2, UNC13D*	☐
34900	Osler-Weber-Rendu disease – panel of 5 genes by NGS: *ACVRL1, ENG, GDF2, RASA1, SMAD4*	☐
34900	Glanzmann Thrombasthenia – panel of 2 genes by NGS: *ITGA2B* e *ITGB3*	☐

Other Studies

34900	……	☐

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Edifício Egas Moniz
Av. Prof. Egas Moniz
1649-028 LISBOA
PORTUGAL

Tel: (351) 21 799 95 01
Fax: (351) 21 799 95 00
E-mail: genomed@genomed.pt
www.genomed.pt

investigations and publications in an anonymized form when and only approved by the Ethics Committee.

☐ Agree ☐ Not agree
(According to the Direction of General Health Standard nº 015/2013 updated.)

Patient´s Signature:
.....
.....
.....
..... **Place and Date:**
……., ……/……/…….

Informed Consent (**to be filled by the referring doctor**):

Patient Informed consent for diagnosis and/or investigation in attachment	YES □	NO □
I hereby declare that patient informed consent for diagnosis and/or investigation was obtained	YES □	NO □

Signature of the Referring doctor: …… **Date**: ...../...../.....

CONTACT PERSONS: Dra. Diana Antunes, MD/ Dr. Yuri Chiodo, PhD (dianaantunes@medicina.ulisboa.pt/ ychiodo@medicina.ulisboa.pt), Ext.: 47301/47326

GenoMed, Diagnósticos de Medicina Molecular SA
Instituto de Medicina Molecular
Faculdade de Medicina da Universidade de Lisboa

Edifício Egas Moniz
Av. Prof. Egas Moniz
1649-028 LISBOA
PORTUGAL

Tel: (351) 21 799 95 01
Fax: (351) 21 799 95 00
E-mail: genomed@genomed.pt
www.genomed.pt