

<b>CYTOGENETICS</b>					Mandatory Information
Svc Code Prefix					Name:
WARD					NRIC:
BED					Gender:
CLINIC					Date of Birth:
NRL					Account Number:
<b>168</b>					Pls stick label straight and within box
Lab Accn No.				Doctor	MCR NO
				Clinical Diagnosis / Medication	
				STAT <input type="checkbox"/>	
Patient Type					
<input type="checkbox"/> Gynae		<input type="checkbox"/> Obst		<input type="checkbox"/> Neonates	
<input type="checkbox"/> Onco/Haem		<input type="checkbox"/> Paediatric			
Collected Date: _____ Collected Time: _____					
CHROMOSOMAL KARYOTYPING					
<b>Constitutional Chromosomal Karyotyping</b>			<b>Cancer Chromosomal Karyotyping</b>		
2103	<input type="checkbox"/> PCYG <input type="checkbox"/> UC <input type="checkbox"/>	Amniotic Fluid (20 ml)	0004	<input type="checkbox"/> CYG <input checked="" type="checkbox"/> <input type="checkbox"/>	Bone Marrow (1-2 ml)
2103	<input type="checkbox"/> PCYG <input type="checkbox"/> CM <input type="checkbox"/>	Chorionic Villi (25 mg)	0004	<input type="checkbox"/> CYG <input checked="" type="checkbox"/> <input type="checkbox"/>	Peripheral Blood (for Leukaemia) (10 ml)
2103	<input type="checkbox"/> PCYG <input checked="" type="checkbox"/> <input type="checkbox"/>	Peripheral Blood (5 ml)	0004	<input type="checkbox"/> CYG <input type="checkbox"/> CM <input type="checkbox"/>	Lymph Node
2103	<input type="checkbox"/> PCYG <input type="checkbox"/> CM <input type="checkbox"/>	Skin Biopsy	0004	<input type="checkbox"/> CYG <input type="checkbox"/> CM <input type="checkbox"/>	Solid Tumour
2103	<input type="checkbox"/> PCYG <input checked="" type="checkbox"/> <input type="checkbox"/>	Foetal Blood (1-2 ml)	0004	<input type="checkbox"/> CYG <input type="checkbox"/> UC <input type="checkbox"/>	Effusions, CSF etc
2103	<input type="checkbox"/> PCYG <input checked="" type="checkbox"/> <input type="checkbox"/>	Cord Blood (5 ml)	0004	<input type="checkbox"/> CYG <input type="checkbox"/> CM <input type="checkbox"/>	Others Tissues, specify : _____.
2103	<input type="checkbox"/> PCYG <input type="checkbox"/> CM <input type="checkbox"/>	Products of conception			
2103	<input type="checkbox"/> PCYG <input type="checkbox"/> CM <input type="checkbox"/>	Other Tissues, specify : _____.			
Informed Consent Form for <b>Prenatal</b> and <b>Postnatal</b> Chromosomal Karyotyping / FISH is required. Specimen collection requirements: Please refer to description overleaf.					
FISH (FLUORESCENCE IN SITU HYBRIDIZATION)					
<b>FISH Panels</b>					
0009 & 0010	<input type="checkbox"/> MYPPC <input checked="" type="checkbox"/> <input type="checkbox"/>	FISH Panel (Multiple Myeloma Using Targeted Plasma Cells)			
0006	<input type="checkbox"/> CLLP <input checked="" type="checkbox"/> <input type="checkbox"/>	FISH Panel (Chronic Lymphocytic Leukemia)			
0007	<input type="checkbox"/> MDSP <input checked="" type="checkbox"/> <input type="checkbox"/>	FISH Panel (Myelodysplastic Syndrome)			
<b>FISH with chromosomal karyotyping (Add-on FISH)</b>					
2636	<input type="checkbox"/> AFISH <input checked="" type="checkbox"/> <input type="checkbox"/>	FISH Add on for 1 probe (with chromosomal karyotyping)	1 probe, specify : _____.		
2021	<input type="checkbox"/> AF2P <input checked="" type="checkbox"/> <input type="checkbox"/>	FISH Add on for 2 probes (with chromosomal karyotyping)	2 probes, specify : _____.		
2022	<input type="checkbox"/> AF3P <input checked="" type="checkbox"/> <input type="checkbox"/>	FISH Add on for 3 probes (with chromosomal karyotyping)	3 probes, specify : _____.		
<b>FISH without chromosomal karyotyping (Interphase FISH)</b>					
0008	<input type="checkbox"/> IFISH <input checked="" type="checkbox"/> <input type="checkbox"/>	FISH Interphase for 1 probe (w/o chromosomal karyotyping)	1 probe, specify : _____.		
2023	<input type="checkbox"/> IF2P <input checked="" type="checkbox"/> <input type="checkbox"/>	FISH Interphase for 2 probes (w/o chromosomal karyotyping)	2 probes, specify : _____.		
2024	<input type="checkbox"/> IF3P <input checked="" type="checkbox"/> <input type="checkbox"/>	FISH Interphase for 3 probes (w/o chromosomal karyotyping)	3 probes, specify : _____.		
Informed Consent Form for <b>Prenatal</b> and <b>Postnatal</b> Chromosomal Karyotyping / FISH is required. FISH probes available: Please refer to description overleaf.					
ADDITIONAL TESTS					
2125	<input type="checkbox"/> TISC <input type="checkbox"/> O <input type="checkbox"/>	Tissue culture processing			

## SPECIMEN COLLECTION REQUIREMENTS

All specimens should be collected in sterile containers, and transported at room temperature as soon as possible.

### Samples

#### CONSTITUTIONAL CHROMOSOMAL KARYOTYPING

Amniotic fluid (20 ml)  
CVS/POC/Tissue specimens  
Foetal blood (1-2 ml)  
Peripheral (5 ml) / Cord blood (5 ml)  
Skin biopsy/other tissues

#### CANCER CHROMOSOMAL KARYOTYPING

Bone marrow (1-2 ml)  
Peripheral blood for Leukemia (10 ml)  
Lymph node/Solid tumour tissues  
Effusions or CSF

#### FISH PROBES (Add-on FISH / Interphase FISH)

EGR1 / D5S23, D5S721 [5p15.2/5q31]  
D7S486 / CEP7 [7q31]  
D20S108 [20q12]  
CEP8 [D8Z2]  
FGFR3 / IGH [4p16/14q32]  
CCND1 / IGH [11q13/14q32]  
D13S319 / 13q34 [13q14.3/13q34]  
IGH / MAF [14q32/16q23]  
TP53 / CEP17 [17p13.1/CEP17]  
LSI TP53 / LSI ATM [17p13.1/11q22.3]  
LSI D13S319 / LSI 13q34 / CEP12 [13q14.3/13q34/CEP12]  
LSI MLL [11q23]  
LSI BCL2 [18q21]  
LSI BCL6 [3q27]  
LSI MYC [8q24]  
LSI TUPLE1 (HIRA) / LSI ARSA [22q11/22q13]  
CDKN2C / CKS1B [1p32/1q21]

### Bottles

Universal Container  
Transport medium  
Sodium heparin tube  
Sodium heparin tube  
Transport medium

Sodium heparin tube  
Sodium heparin tube  
Transport medium  
Universal Container

#### FISH PROBES (PANEL)

Multiple Myeloma  
FGFR3 / IGH [4p16/14q32]  
CCND1 / IGH [11q13/14q32]  
D13S319 / 13q34 [13q14.3/13q34]  
IGH / MAF [14q32/16q23]  
TP53 / CEP17 [17p13.1/CEP17]  
CDKN2C / CKS1B [1p32/1q21]

#### Myelodysplastic Syndrome






EGR1 / D5S23, D5S721 [5q31]  
D7S486 / CEP7 [7q31]  
D20S108 [20q12]  
CEP8 [D8Z2]

#### Chronic Lymphocytic Leukemia

LSI TP53 / LSI ATM [17p13.1/11q22.3]  
LSI D13S319 / LSI 13q34 / CEP12 [13q14.3/13q34/CEP12]

Please visit our website for detailed information.  
<http://nuhsingapore.testcatalog.org>

#### Useful Information:

	UC	Universal container
	CM	Transport/collection medium
		Sodium heparin tube
		FISH add-on to chromosomal karyotyping, no extra tube required
	O	Others - depending on sample type Please call Cyto lab at 6772 2512 for details.