

REQUEST FORM: HEMATO(ONCO)GENETICS



**LABORATOIRE NATIONAL DE SANTE
NATIONAL CENTER OF GENETICS**
1, rue Louis Rech, L-3555 Dudelange
Chef de Département Dr. Nicolai Kohlschmidt

Molecular Genetics - Dr. Sc. Daniel Stieber
ncg-molgen@lns.etat.lu
Hematooncogenetics - Dr. Seval Türkmen
ncg-hemaonco@lns.etat.lu
Forms available at www.lns.lu

SAMPLE INFORMATION	Section reserved for the laboratory
<p style="text-align: center; color: green;">2x EDTA / 1x Heparin</p> <p style="text-align: center;">10 ml blood or 5 ml bone marrow</p> <p style="text-align: center;">Transport: room temperature</p>	<p>Date & Time of Sampling :</p> <p>..... :</p> <p>Sent on :</p> <p>Material:</p> <p><input type="checkbox"/> Peripheral Blood, Quantity :</p> <p><input type="checkbox"/> Bone marrow, Quantity :</p>
<p>ETIQUETTE LNS</p>	

PRESCRIBER	PATIENT
<p>Prescriber's Last Name – First Name</p> <p>Address – Country</p> <p>Phone / Direct Line Fax</p> <p>Date of Prescription Signature / Stamp</p> <p>Report Copy to</p>	<p>Birth Last Name First Name</p> <p>Married Last Name Sex</p> <p>Birth Date Matricule</p> <p>Address – Country</p> <p>Patient registered with CNS: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If not registered with CNS/UCM, the patient will receive an invoice from the laboratory, which they can submit to their insurance if applicable.)</i></p>

CLINICAL INFORMATION	
<p><input type="checkbox"/> Suspicion <input type="checkbox"/> Initial Diagnosis <input type="checkbox"/> Relapse</p> <p><input type="checkbox"/> Control <input type="checkbox"/> Patient in remission <input type="checkbox"/> Under treatment</p> <p><input type="checkbox"/> After transplant <input type="checkbox"/> Allograft, Sex <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Autograft</p> <p><input type="checkbox"/> Other :</p>	<p><input type="checkbox"/> AML <input type="checkbox"/> B-ALL <input type="checkbox"/> T-ALL % blasts: <input type="checkbox"/> MDS*</p> <p><input type="checkbox"/> MPN <input type="checkbox"/> CML <input type="checkbox"/> CLL <input type="checkbox"/> MM* <input type="checkbox"/> M. Waldenström</p> <p><input type="checkbox"/> B-NHL* <input type="checkbox"/> T-NHL*</p> <p><input type="checkbox"/> Other :</p> <p><i>*Specific sample for Cytogenetics analysis: For MDS, NHL and MM Bone marrow sample is mandatory</i></p>

OTHER CLINICAL COMMENTS	Section reserved for the laboratory
	<p>TAMPON RC LNS</p>

REQUESTED TESTS
<p><input type="checkbox"/> Chromosome Analysis¹</p> <p><input type="checkbox"/> FISH (Choose the panel below)¹</p> <p><input type="checkbox"/> Molecular Genetics (PCR, NGS) (Choose the panel below)²</p> <p><input type="checkbox"/> Stepwise diagnostics (incl. reflex testing) per professional society guidelines and local expertise</p> <p>¹ At least 10 ml heparinized blood (>10% Blasts) or 5mL heparinized bone marrow</p> <p>² At least 10 ml peripheral blood EDTA or 5mL bone marrow</p>

CONSENT FORM	
<p>By signing below, I consent to the genetic test indicated on the test request form in order to further define the genetic cause of the clinical condition mentioned above.</p> <p>I hereby confirm that the prescribing physician (signed below) has informed me of the medical necessity, the potential benefits, and the limitations of the planned genetic test. In addition, the possible consequences of communicating the test result (e.g., psychological impact) have been discussed.</p>	
<p>With your agreement, your unused biological samples and test results will be stored.</p> <p>I agree that they may be used to verify the obtained results, for additional analyses, and for the laboratory's quality assurance purposes.</p> <p>I agree that they may be used for research purposes and scientific publication in anonymous form or for academic teaching.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>I am aware that my consent applies to myself and/or my minor child(ren), and that I may withdraw this consent at any time, verbally or in writing, without providing any reasons.</p>	
<p>Place and date: _____ Signature of the patient or legal representative: _____</p>	
<p>Signature of the prescriber:</p> <p>_____</p>	

Patient full name (repeat): _____

FISH Panel (The full List of FISH probes per indication is available at <https://lns.lu/telechargement/>)

- | | | |
|---|---|--|
| <input type="checkbox"/> Anaplastic Large cell lymphoma
<input type="checkbox"/> Aplastic Anemia Panel
<input type="checkbox"/> Alk-positive DLBCL
<input type="checkbox"/> Alk-negative ALCL Panel
<input type="checkbox"/> AML Panel
<input type="checkbox"/> B-ALL Adult Panel
<input type="checkbox"/> B-ALL Child Panel
<input type="checkbox"/> B-ALL Relapse Panel
<input type="checkbox"/> B-NHL Panel
<input type="checkbox"/> Burkitt Lymphoma Panel | <input type="checkbox"/> CEL / HES Panel
<input type="checkbox"/> CLL Panel
<input type="checkbox"/> CMML Panel
<input type="checkbox"/> Diffuse Large B-cell Lymphoma Panel
<input type="checkbox"/> Fanconi Panel
<input type="checkbox"/> Follicular Lymphoma Panel
<input type="checkbox"/> Haptosplenic T-cell Lymphoma Panel
<input type="checkbox"/> Mantle Cell lymphoma Panel
<input type="checkbox"/> MALT Lymphoma Panel
<input type="checkbox"/> MDS Panel | <input type="checkbox"/> Multiple Myeloma Panel
<input type="checkbox"/> MPN Panel
<input type="checkbox"/> M. Waldenstroem Panel
<input type="checkbox"/> Nodal/Splenic Marginal Zone Lymphoma
<input type="checkbox"/> sec AML Panel
<input type="checkbox"/> T-ALL Panel
<input type="checkbox"/> T-NHL Panel
<input type="checkbox"/> T NK/LGL Leukemia Panel
<input type="checkbox"/> Other (please specify): _____ |
|---|---|--|

Somatic Molecular Genetics (The full List of NGS panels per indication is available at <https://lns.lu/telechargement/>)

- | | | |
|---|---|--|
| <p>Myeloproliferative Neoplasms (MPN)</p> <p>Chronic Myeloid Leukemia (CML)</p> <input type="checkbox"/> Multigene fusion screen
<input type="checkbox"/> TKI resistance
<input type="checkbox"/> BCR::ABL1 Follow-up (p210)*
*Peripheral blood EDTA (2X 5mL or 1X10ML)
<input type="checkbox"/> BCR::ABL1 Follow-up (other transcript)..... | <p>Acute Myeloid Leukemia (AML)</p> <input type="checkbox"/> Urgent: IDH1/2, FLT3, NPM1
<input type="checkbox"/> Diagnostic/prognostic NGS panel
<input type="checkbox"/> NGS panel for follow-up
► Please list known mutations:
..... | <p>Other B-cell neoplasms</p> <input type="checkbox"/> B-cell clonality
<input type="checkbox"/> Hairy Cell Leukemia (HCL): BRAF V600E
<input type="checkbox"/> Multiple Myeloma (MM)/MGUS Panel
<input type="checkbox"/> Splenic Marginal Zone Lymphoma (SMZL) Panel
<input type="checkbox"/> Mantle Cell Lymphoma Panel
<input type="checkbox"/> Diffuse Large B-cell Lymphoma (DLBCL) Panel
<input type="checkbox"/> Follicular lymphoma (FL) Panel
<input type="checkbox"/> Waldenström/LPL/IgM-MGUS: MYD88, CXCR4 |
| <p>Chronic Neutrophilic Leukemia (CNL)</p> <input type="checkbox"/> CNL driver mutation NGS panel | <p>Fusion Genes</p> <input type="checkbox"/> Multigene fusion screen
<input type="checkbox"/> PML::RARA (quantitative)
<input type="checkbox"/> RUNX1::RUNX1T1 (quantitative)
<input type="checkbox"/> CBFβ::MYH11 (quantitative)
<input type="checkbox"/> other fusion, specify | <p>Aplastic Anemia / PNH - NGS Panel</p> <input type="checkbox"/> NGS Panel incl PIGA |
| <p>Essential Thrombocythemia (ET) / Myelofibrosis (MF) / Polycythemia Vera (PV)</p> <input type="checkbox"/> JAK2 V617F status (qualitative)
<input type="checkbox"/> JAK2 V617F status (quantitative)
<input type="checkbox"/> If JAK2-V617F-neg: CALR, MPL, JAK2 Ex.12
<input type="checkbox"/> Extended NGS clonality panel (triple-negative)
<input type="checkbox"/> MPN NGS prognostic panel | <p>Acute Lymphoblastic Leukemia (ALL)</p> <input type="checkbox"/> Multigene fusion screen
<input type="checkbox"/> BCR::ABL1 Follow-up (p210)
<input type="checkbox"/> BCR::ABL1 Follow-up (other transcript) | <p>Acute Lymphoblastic Leukemia (ALL)</p> <input type="checkbox"/> IGH/TCR marker setup (diagnosis & follow-up)
<input type="checkbox"/> TKI resistance
<input type="checkbox"/> Ph-like ALL: IKZF1 deletions (MLPA)
<input type="checkbox"/> ALL NGS Panel |
| <p>Mastocytosis (SM)</p> <input type="checkbox"/> KIT D816V
<input type="checkbox"/> Rare KIT variants
<input type="checkbox"/> SM- Mutation NGS panel | <p>Chronic Lymphocytic Leukemia (CLL)</p> <input type="checkbox"/> IGHV mutation status
<input type="checkbox"/> TP53 status
<input type="checkbox"/> Ibrutinib resistance NGS panel | <p>Other B-cell neoplasms</p> <p>Aplastic Anemia / PNH - NGS Panel</p> <input type="checkbox"/> NGS Panel incl PIGA |
| <p>Myeloid/Lymphoid neoplasms with eosinophilia, HES, CEL</p> <input type="checkbox"/> Comprehensive myeloid NGS panel (unclear HES/CEL)
<input type="checkbox"/> Multigene fusion screen (PDGFRA/B)
<input type="checkbox"/> T-cell clonality | | <p>Other B-cell neoplasms</p> <p>Aplastic Anemia / PNH - NGS Panel</p> <input type="checkbox"/> NGS Panel incl PIGA |
| <p>MDS / MPN overlap</p> <input type="checkbox"/> CMML diagnostic/prognostic NGS panel
<input type="checkbox"/> aCML NGS Panel | | <p>Other B-cell neoplasms</p> <p>Aplastic Anemia / PNH - NGS Panel</p> <input type="checkbox"/> NGS Panel incl PIGA |
| <p>Myelodysplastic syndrome (MDS)</p> <input type="checkbox"/> IPSS-M NGS panel
<input type="checkbox"/> Urgent: IDH1/2, FLT3 for MDS-IB2 | | <p>Other B-cell neoplasms</p> <p>Aplastic Anemia / PNH - NGS Panel</p> <input type="checkbox"/> NGS Panel incl PIGA |

Constitutive Molecular Genetics:

- | | | |
|--|---|---|
| <p>Hereditary Myeloid Neoplasia</p> <input type="checkbox"/> Bone Marrow Failure Syndrome, Panel depending on cytopenia / syndromic expression / organ dysfunction : CE2PA, DDX41, RUNX1, ANKRD26, ETV6, GATA2, SRP72, TET2
<input type="checkbox"/> Sideroblastic anaemia (XLSA): ALAS2 | <p>Hereditary thrombocytosis/erythrocytosis</p> <input type="checkbox"/> Familial Thrombocytosis: THPO and MPL
<input type="checkbox"/> Familial Erythrocytosis: EPOR, VHL, EGLN1, EPAS1, SH2B3 | <p>Hereditary Thrombophilia</p> <input type="checkbox"/> Factor II G20210A
<input type="checkbox"/> Factor V-Leiden R506Q |
| | <p>Hereditary Alpha-Trypsinemia</p> <input type="checkbox"/> TPSAB1 | <input type="checkbox"/> PAI-I (4G/5G)
<input type="checkbox"/> MTHFR c.C677T & c.A1298C |
| | | <input type="checkbox"/> DNA Storage/Biobanking |

MOLGEN; HEMACYTO-PR1-FOR-06378 ; v1