

<b>CYTOGENETICS</b>				<u>Mandatory Information</u>		
Service Code Prefix	Ward	Bed	Clinic	Patient Name:		
<b>168</b>				Patient NRIC:		
For Laboratory use only: SST (Gold) <input type="checkbox"/> PLAIN (Red) <input type="checkbox"/> SODIUM HEPARIN (Green) <input type="checkbox"/> EDTA (Purple) <input type="checkbox"/> FLUORIDE (Grey) <input type="checkbox"/> PAEDS <input type="checkbox"/> CHILD <input type="checkbox"/>				Gender: Date of Birth: Account Number:		
Laboratory Accession Number				Please paste label upright and within the box		
				Doctor		MCR No
				Collected Date:	Collected Time:	Draw Type: Vein / Artery (*Please circle)
				Clinical Diagnosis / Medication		STAT <input type="checkbox"/>
<b>CHROMOSOMAL KARYOTYPING</b>						
<b>Constitutional Chromosomal Karyotyping</b>				<b>Cancer Chromosomal Karyotyping</b>		
2103	<input type="checkbox"/> PCYG	<input type="checkbox"/>	<input type="checkbox"/>	Amniotic Fluid (20 ml)	0004	<input type="checkbox"/> CYG <input checked="" type="checkbox"/>
2103	<input type="checkbox"/> PCYG	<input type="checkbox"/>	<input type="checkbox"/>	Chorionic Villi (25 mg)	0004	<input type="checkbox"/> CYG <input checked="" type="checkbox"/>
2103	<input type="checkbox"/> PCYG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Peripheral Blood (5 ml)	0004	<input type="checkbox"/> CYG <input type="checkbox"/>
2103	<input type="checkbox"/> PCYG	<input type="checkbox"/>	<input type="checkbox"/>	Skin Biopsy	0004	<input type="checkbox"/> CYG <input type="checkbox"/>
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"/>
2103	<input type="checkbox"/> PCYG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cord Blood (5 ml)	0004	<input type="checkbox"/> CYG <input type="checkbox"/>
2103	<input type="checkbox"/> PCYG	<input type="checkbox"/>	<input type="checkbox"/>	Products of conception	0004	<input type="checkbox"/> CYG <input type="checkbox"/>
2103	<input type="checkbox"/> PCYG	<input type="checkbox"/>	<input type="checkbox"/>	Other Tissues, specify : _____.	0004	<input type="checkbox"/> CYG <input type="checkbox"/>
Informed Consent Form for <b>Prenatal</b> and <b>Postnatal</b> Chromosomal Karyotyping / FISH is required. Specimen collection requirements: Please refer to description overleaf.						
<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 type="checkbox"/>	<input type="checkbox"/>	FISH Add on for 1 probe (with chromosomal karyotyping)	1 probe, specify : _____.	
2021	<input type="checkbox"/> AF2P	<input type="checkbox"/>	<input type="checkbox"/>	FISH Add on for 2 probes (with chromosomal karyotyping)	2 probes, specify : _____.	
2022	<input type="checkbox"/> AF3P	<input 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.						
2125 <input type="checkbox"/> TISC <input type="checkbox"/> <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>