



REQUEST FORM: ONCOGENOMIC ANALYSIS

 <p>Centre hospitalier universitaire vaudois</p> <p>Service d'hématologie Laboratoire d'oncogénomique Réception des laboratoires BH18-100 1011 Lausanne http://www.chuv.ch/log Tel. : 021 314 33 93 e-mail : log@chuv.ch Laboratory opening hours : Monday-Friday 8am-5pm</p>		<p>PATIENT</p> <p>Surname : _____</p> <p>Name : _____</p> <p>Address : _____</p> <p>Date of birth : _____</p> <p>Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Sample date : _____</p>
<p>PROVENANCE</p> <p>Clinician : _____</p> <p>Tel./BIP : _____</p> <p>Hospital : _____</p> <p>Département : _____</p>		<p>BILLING</p> <p><input type="checkbox"/> Patient</p> <p><input type="checkbox"/> Requester</p>	
<p>PROVENANCE</p> <p>Clinician : _____</p> <p>Tel./BIP : _____</p> <p>Hospital : _____</p> <p>Département : _____</p>		<p>COPY(IES) of results to be sent (IF ANY) :</p>	
<p>CONSENT FOR BIOLOGICAL ANALYSES</p>			
<p>Following any biological analysis performed in our laboratory, any sample or analysis product:</p> <p><input type="checkbox"/> can be stored in the laboratory in order to be able to respond to a request to add analyses by the requesting doctor (by default)</p> <p><input type="checkbox"/> can be used for development and research (by default)</p> <p><input type="checkbox"/> must be destroyed</p>		<p>Every constitutional genetic test must be accompanied by genetic counseling (Federal Act on Human Genetic Testing – HGTA). By his signature, the requesting doctor certifies having informed the person concerned according to the legal obligations in force for constitutional genetics and having received his consent for genetic analyses and all other biological analyses.</p> <p>Signature of the requesting doctor required :</p> <p>_____</p>	
<p>MATERIAL</p> <p>Lithium Heparin, to stock at room temperature</p> <p>If < 2ml justify the reason for the small volume please :</p> <p><input type="checkbox"/> Bone marrow</p> <p><input type="checkbox"/> Biopsy</p> <p><input type="checkbox"/> Peripheral blood, blasts proportion (%) :</p> <p><input type="checkbox"/> Autre :</p>	<p>STATUS</p> <p>Date of initial diagnosis : _____</p> <p><input type="checkbox"/> Initial diagnosis <input type="checkbox"/> Follow up</p> <p>Comments : _____</p>	<p>THERAPY / OTHER PATHOLOGY</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Comments : _____</p>	
<p>DIAGNOSIS</p> <p><input type="checkbox"/> Preliminary <input type="checkbox"/> Definitive</p> <p><input type="checkbox"/> AML <input type="checkbox"/> MDS <input type="checkbox"/> CMML <input type="checkbox"/> MDS-MPN <input type="checkbox"/> MPN <input type="checkbox"/> PV <input type="checkbox"/> ET <input type="checkbox"/> PMF</p> <p><input type="checkbox"/> Eosinophilia <input type="checkbox"/> AA/SAA <input type="checkbox"/> Mastocytosis <input type="checkbox"/> CML <input type="checkbox"/> B-ALL <input type="checkbox"/> T-ALL <input type="checkbox"/> Myeloma <input type="checkbox"/> MGUS</p> <p><input type="checkbox"/> CLL <input type="checkbox"/> Waldenström <input type="checkbox"/> Lymphoma (Type :) <input type="checkbox"/> VEXAS Syndr. <input type="checkbox"/> Other :</p> <p>Comments : _____</p>		<p>TRANSPLANT</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Date : Sex of the donor: <input type="radio"/> Male <input type="radio"/> Female</p> <p><input type="radio"/> Autologous <input type="radio"/> Allogenic</p>	
<p>METHODS</p> <p><input type="checkbox"/> Standard analyses according to diagnosis <input type="checkbox"/> Standard analyses without NGS/ddPCR according to diagnosis</p> <p><i>(If no method is selected, the laboratory will perform the most appropriate oncogenic analyses according to the diagnosis/indication)</i></p> <p>Apart from the standard analyses, the analyses below may be performed :</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><input type="checkbox"/> Conventional cytogenetics (CC)</p> <p><input type="checkbox"/> SNP array</p> <p><input type="checkbox"/> Next generation sequencing (NGS DNA, mutation analysis)</p> <p><input type="checkbox"/> Myeloid Panel (see below for gene details*)</p> <p><input type="checkbox"/> Myeloma Panel (<i>BRAF, GPRC5D, KRAS, NRAS, TNFRSF17, TP53</i>)</p> <p><input type="checkbox"/> TP53 only</p> <p><input type="checkbox"/> UBA1 (VEXAS, Syndr. Full gene sequencing)</p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> Digital PCR (ddPCR)</p> <p><input type="checkbox"/> KIT c.2447A>T p.D816V</p> <p><input type="checkbox"/> MYD88 c.794T>C p.L265P</p> <p><input type="checkbox"/> BRAF c.1799T>A p.V600E</p> <p><input type="checkbox"/> Fluorescence in situ hybridization (FISH):</p> </div> </div>			
<p>Standard analyses according to diagnosis</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <ul style="list-style-type: none"> • AML Panel (CC, SNP array, OGM***, NGS myeloid panel*) • MDS/AA Panel (SNP array, NGS myeloid panel*) • Eosinophilia Panel (CC, OGM***) • MDS-MPN/CMML Panel (CC, SNP array, NGS myeloid panel*) • CML Panel (CC + NGS/Fragments analysis ASXL1) • MPN Panel (CC, NGS myeloid panel* reduced** including JAK2 ex12+14, MPL, CALR) </div> <div style="width: 48%;"> <ul style="list-style-type: none"> • ALL Panel (CC, SNP array, OGM***) • CLL Panel (SNP array, NGS TP53) • Myeloma Panel (SNP array ; Panel NGS Myeloma & FISH IGH) <i>If IGH positive: analysis of IGH::CCND1, IGH::FGFR3, IGH::MAF</i> • Mastocytosis Panel (CC, ddPCR KIT) • Waldenström Panel (CC, ddPCR MYD88) </div> </div>			
<p>* NGS - Standard large myeloid panel genes: ABL1, ANKRD26, ARID1A, ASXL1, ASXL2, ATRX, BCOR, BCORL1, BRAF, BRCC3, CALR, CBL, CEBPA, CSF3R, CUX1, CXCR4, DDX41, DNMT3A, EP300, ETV6, EZH2, FBXW7, FLT3, GATA1, GATA2, GNAS, GNB1, HRAS, IDH1, IDH2, IKZF1, JAK2, JAK3, KDM6A, KIT, KRAS, MPL, MYD88, NF1, NOTCH1, NPM1, NRAS, PDGFRA, PHF6, PPM1D, PRPF8, PTEN, PTPN11, RB1, RAD21, RUNX1, SETBP1, SF3B1, SH2B3, SMC1A, SMC3, SRSF2, STAG2, TET2, TP53, U2AF1, UBA1, WAS, WT1, ZBTB7A, ZRSR2 + Fragments analysis FLT3-ITD, ASXL1</p> <p>** genes in bold, ***analysis carried out outside the scope of accreditation</p>			
<p>Comments : _____</p>			