PETER MACCALLUM CANCER CENTRE
MOLECULAR HAEMATOLOGY REQUEST FORM

Peter MacCallum Cancer Centre Victoria Australia

RCPA NATA & RCPA ACCREDITED LABORATORY Number 2465

NATA ACCREDITED FOR TECHNICAL COMPETENCE

PATIENT DETAILS

SURNAME:

FIRST NAME:

DOB: ☐ MALE ☐ FEMALE

ADDRESS:

MEDICARE NO:

REQUESTING CLINICIAN DETAILS

NAME:

HOSPITAL / LAB:

PROVIDER NO:

EMAIL:

SIGNATURE: DATE:

CLINICAL & SAMPLE DETAILS

CLINICAL NOTES / REASON FOR TEST REQUEST (REQUIRED):

PLEASE SEND ALL RELEVANT PATHOLOGY RESULTS (E.G. BONE MARROW REPORT, FBE REPORT, HISTOPATHOLOGY REPORT, ETC.) WITH SAMPLE

SAMPLE TYPE

☐ BONE MARROW ☐ BLOOD ☐ TISSUE ☐ cfDNA

☐ OTHER (PLEASE STATE):

COLLECTION DATE *(IF ADD-ON REQUEST):*

TO BE COMPLETED BY COLLECTOR *(IF PRIMARY FORM)*

COLLECTED AND LABELLED BY:

SURNAME _____

COLLECTION DATE _____ TIME _____

SIGNATURE _____

I CERTIFY THAT THE PATHOLOGY SPECIMEN AND REQUEST FORM COMPLY WITH MINIMUM LABELLING REQUIREMENTS AND THAT THE SPECIMEN WAS TAKEN FROM THE PATIENT STATED ABOVE AS ESTABLISHED BY DIRECT ENQUIRY AND/OR INSPECTION OF THE IDENTIFICATION BAND AND WAS LABELLED IMMEDIATELY.

AVAILABLE ASSAYS

GENOMIC TESTING SUPPORTED BY SNOWDOME FOUNDATION THROUGH THE WILSON CENTRE FOR LYMPHOMA GENOMICS

NGS GENE PANELS

GENE LISTS AND FURTHER INFORMATION ON REVERSE

☐ MYELOPROLIFERATIVE NEOPLASM (MPN) DIAGNOSTIC GENE PANEL (8 GENES)

☐ HAEMATOLOGICAL MALIGNANCY (ALLHAEM) GENE PANEL (57 GENES)

☐ ***SELECT THIS BOX TO EXCLUDE DDX41 ANALYSIS***

PANEL AVAILABLE ON BLOOD, BM, TISSUE AND cfDNA

☐ SINGLE GENE *TP53* ANALYSIS

☐ TESTING TO DETERMINE ORIGIN (SOMATIC VS GERMLINE) OF PREVIOUSLY DETECTED VARIANT

PLEASE REFER TO SEPARATE FORM FOR INHERITED BONE MARROW DISORDER NGS PANEL REQUESTS (AVAILABLE ONLINE)

PLEASE NOTE: *THESE ASSAYS MAY DETECT GERMLINE VARIANTS WITH SIGNIFICANT IMPLICATIONS FOR BOTH THE PATIENT AND THEIR FAMILY. PLEASE ENSURE THAT YOU AND YOUR PATIENT UNDERSTAND THIS POSSIBILITY.*

MUTATION SPECIFIC ASSAYS

☐ *FLT3*-ITD & TKD

☐ *NPM1* (NON-QUANTITATIVE)

☐ *JAK2* Val617Phe

☐ *MYD88* Leu265Pro

☐ *BRAF* Val600Glu

QUANTITATIVE PCR (qPCR) ASSAYS

☐ t(9;22) *BCR-ABL1*

☐ t(15;17) *PML-RARA*

☐ t(8;21) *RUNX1-RUNX1T1*

☐ inv(16) / t(16;16) *CBFB-MYH11*

☐ *NPM1* MRD (TYPE A – qPCR; non-TYPE A – NGS)

OTHER ASSAYS

☐ CHIMERISM

☐ IGHV SOMATIC HYPERMUTATION (SHM) ANALYSIS

☐ *HAVCR2* GENE VARIANT ANALYSIS

☐ *UBA1* GENE MUTATION ANALYSIS

PAYMENT

☐ BILL HOSPITAL / PATHOLOGY PROVIDER

☐ BILL MEDICARE (MUST SIGN BELOW. NON-REBATABLE COMPONENTS WILL BE BILLED TO PATHOLOGY PROVIDED UNLESS OTHERWISE SPECIFIED)

MEDICARE ASSIGNMENT FORM (SECTION 20A OF THE HIA 1973) *I OFFER TO ASSIGN MY RIGHT TO BENEFITS TO THE APPROVED PRACTITIONER WHO WILL RENDER THE REQUESTED PATHOLOGY SERVICE(S) AND ANY ELIGIBLE PATHOLOGICAL DETERMINABLE SERVICE(S) ESTABLISHED NECESSARY BY THE PRACTITIONER.*

PATIENT SIGNATURE: _____ **DATE:** _____

OR IF PATIENT UNABLE TO SIGN: *I AUTHORISE PETER MACCALLUM CANCER CENTRE, WHO WILL RENDER THE REQUESTED PATHOLOGY SERVICES, AND ANY FURTHER PATHOLOGY SERVICES WHICH THE PRACTITIONER DETERMINES TO BE NECESSARY, TO SUBMIT MY UNPAID ACCOUNT TO MEDICARE, SO THAT MEDICARE CAN ASSESS MY CLAIM AND ISSUE ME A CHEQUE MADE PAYABLE TO THE PRACTITIONER, FOR THE MEDICARE BENEFIT. VERBAL CONSENT WAS PROVIDED BY PATIENT TO SUBMIT UNPAID ACCOUNT TO MEDICARE (NO SIGNATURE AVAILABLE)* ☐

☐ BILL PATIENT DIRECTLY (MUST SIGN HERE TO ACKNOWLEDGE COSTS HAVE BEEN DISCUSSED): **PATIENT SIGNATURE:** _____

☐ BILL OTHER (PLEASE SPECIFY):

PETER MACCALLUM CANCER CENTRE
MOLECULAR HAEMATOLOGY REQUEST FORM

NGS GENE PANEL LISTS

HAEMATOLOGICAL MALIGNANCY GENE PANEL (ALLHAEM) – 57 GENES

ABL1	*ARAF*	*ASXL1*	*BCL2*	*BIRC3*	*BRAF*	*BTK*	*CALR*
CARD11	*CBL*	*CD274*	*CD79B*	*CEBPA*	*CSF3R*	*CXCR4*	*DDX41**
DNMT3A	*ETNK1*	*EZH2*	*FLT3***	*FYN*	*GATA1*	*GATA2*	*ID3*
IDH1	*IDH2*	*IRF8*	*JAK2*	*JAK3*	*KIT*	*KRAS*	*MAP2K1*
MPL	*MYD88*	*NOTCH1*	*NPM1*	*NRAS*	*PDCD1LG2*	*PIGA*	*PFH6*
PLCG1	*PLCG2*	*RHOA*	*RUNX1*	*SETBP1*	*SF3B1*	*SH2B3*	*SRSF2*
STAT3	*STAT5B*	*STAT6*	*TCF3*	*TET2*	*TP53*	*U2AF1*	*XPO1*
ZRSR2							

**DDX41* VARIANT ANALYSIS IS EXCLUDED ON REQUEST. CLINICALLY SIGNIFICANT VARIANTS IN THIS GENE ARE LIKELY TO BE OF GERMLINE ORIGIN.

***FLT3*-ITD ANALYSIS PERFORMED USING A SEPARATE ASSAY AND INCLUDED WHEN CLINICALLY APPROPRIATE OR REQUESTED.

THE HAEMATOLOGICAL MALIGNANCY GENE PANEL HAS BEEN DESIGNED TO PROVIDE DIAGNOSTIC, PROGNOSTIC AND THERAPEUTIC INFORMATION ACROSS THE SPECTRUM OF HAEMATOLOGICAL MALIGNANCY AND IS AVAILABLE FOR ORDER ON THE FOLLOWING SAMPLE TYPES: PERIPHERAL BLOOD, BONE MARROW ASPIRATE, FRESH OR FFPE TISSUE AND cfDNA. SEE SAMPLE REQUIREMENTS BELOW.

MYELOPROLIFERATIVE NEOPLASM (MPN) DIAGNOSTIC GENE PANEL – 8 GENES

JAK2	*CALR*	*MPL*	*SF3B1*	*KIT*	*CSF3R*	*ETNK1*	*SH2B3*

SAMPLE REQUIREMENTS

GENE SPECIFIC ASSAYS, NGS ASSAYS & IGHV SHM ASSAY	○ 4ml PERIPHERAL BLOOD (EDTA) ○ 1-2ml BONE MARROW ASPIRATE (EDTA) ○ TISSUE: FRESH / FROZEN / FFPE BLOCK / FFPE SLIDES – *PLEASE PROVIDE HISTOPATHOLOGY REPORT* ○ DNA (MINIMUM 10µL at >50ng/µL) ○ CELL FREE DNA (cfDNA) (EXCLUDING IGHV ANALYSIS): 10ml PERIPHERAL BLOOD IN STRECK TUBE ***SAMPLES FOR cfDNA MUST BE RECEIVED WITHIN 72 HOURS OF COLLECTION*** ○ OTHER (E.G. CSF) – *PLEASE CALL / EMAIL TO DISCUSS PRIOR TO SENDING* ○ HAIR (FOR FOLLOW UP TESTING OF PREVIOUSLY DETECTED VARIANTS ONLY) – *PLEASE CALL / EMAIL TO DISCUSS PRIOR TO SENDING*
QPCR ASSAYS	○ 20ml PERIPHERAL BLOOD (EDTA) ○ 1-2ml BONE MARROW ASPIRATE (EDTA) ***ALL SAMPLES MUST BE RECEIVED WITHIN 48 HOURS OF COLLECTION***
CHIMERISM	○ 4ml (PRE-TRANSPLANT) / 18ml (POST-TRANSPLANT) PERIPHERAL BLOOD (EDTA) ○ 1-2ml BONE MARROW ASPIRATE (EDTA) ***POST-TRANSPLANT SAMPLES MUST BE RECEIVED WITHIN 24 HOURS OF COLLECTION***

ADDRESS & CONTACT DETAILS

PLEASE SEND SPECIMEN AND COMPLETED FORM TO:

PATHOLOGY – SPECIMEN RECEPTION (LEVEL 4)
PETER MACCALLUM CANCER CENTRE
305 GRATTAN STREET
MELBOURNE VIC 3000

TEL: +61 3 8559 7284
EMAIL: MOLECULAR.HAEMATOLOGY@PETERMAC.ORG
FAX: +61 3 8559 5437
WEBSITE: *www.petermac.org/about/signature-centres/centre-clinical-cancer-genomics/molecular-haematology*