

REQUEST FORM: ONCOGENOMIC ANALYSIS



Service d'hématologie
Laboratoire d'oncogénomique
 Réception des laboratoires BH18-100
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 Laboratory opening hours : Monday-Friday 8am-5pm



PATIENT
 Surname :
 Name :
 Address :
 Date of birth :
 Sex : Male Female

Sample date :

BILLING

Patient
 Requester

PROVENANCE

Clinician :
 Tel./BIP :
 Hospital :
 Departement :

COPY(IES) of results to be sent (IF ANY) :

CONSENT FOR BIOLOGICAL ANALYSES

Following any biological analysis performed in our laboratory, any sample or analysis product:

- 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)
- can be used for development and research (by default)
- must be destroyed

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.

Signature of the requesting doctor required :

MATERIAL Lithium Heparin, to stock at room temperature
 If < 2ml justify the reason for the small volume please :
 Bone marrow
 Biopsy
 Peripheral blood, blasts proportion (%) :.....
 Autre :.....

STATUS Date of initial diagnosis :
 Initial diagnosis Follow up
 Comments :

THERAPY / OTHER PATHOLOGY
 No
 Yes
 Comments :

TRANSPLANT Date : Sex of the donor: Male
 No Yes Autologous Female
 Allogenic

DIAGNOSIS Preliminary Definitive
 AML MDS CMML MDS-MPN MPN PV ET PMF
 Eosinophilia AA/SAA Mastocytosis CML B-ALL T-ALL Myeloma MGUS
 CLL Waldenström Lymphoma (Type :.....) VEXAS Syndr. Other :

Comments :

METHODS

Standard analyses according to diagnosis **Standard analyses without NGS/ddPCR** according to diagnosis
 (If no method is selected, the laboratory will perform the most appropriate oncogenic analyses according to the diagnosis/indication)

Apart from the standard analyses, the analyses below may be performed :

- Conventional cytogenetics (CC)**
- SNP array**
- Next generation sequencing (NGS DNA, mutation analysis)**
 - Myeloid Panel** (see below for gene details*)
 - Myeloma Panel** (*BRAF, GPRC5D, KRAS, NRAS, TNFRSF17, TP53*)
 - TP53 only**
 - UBA1** (VEXAS, Syndr. Full gene sequencing)
- Digital PCR (ddPCR)**
 - KIT** c.2447A>T p.D816V
 - MYD88** c.794T>C p.L265P
 - BRAF** c.1799T>A p.V600E (hairy cell leukemia)
- Fluorescence in situ hybridization (FISH):**

Standard analyses according to diagnosis

- **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*)
- **Neuroblastoma Panel** (SNP array, NGS *ALK* ou NB panel (27 genes *ALK* included, details on demand)
- **ALL Panel** (CC, SNP array, OGM***)
- **CLL Panel** (SNP array, NGS *TP53*)
- **Myeloma Panel** (SNP array ; Panel NGS Myeloma & FISH *IGH*)
 If *IGH* positive: analysis of *IGH::CCND1, IGH::FGFR3, IGH::MAF*
- **Mastocytosis Panel** (CC, ddPCR *KIT*)
- **Waldenström Panel** (CC, ddPCR *MYD88*)

* 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*

** genes in bold, ***analysis carried out outside the scope of accreditation

Comments :

