Complete, print and submit

Reset Form

MAYO CLINIC LABORATORIES

Children's Oncology Group Test Request

Client Information (required)

Client Name		
Client Account No.		
Client Phone	Client Order No.	
Address		
City	State	Zip Code

Patient Information (required)

Patient ID *(Medical Record No.)*	
Patient Name *(Last, First, Middle)*	
Gender ☐ Male ☐ Female	Birth Date *(Month DD, YYYY)*
Collection Date *(Month DD, YYYY)*	Time ☐ a.m. ☐ p.m

Submitting Provider/Provider Name Information (required)

Submitting/Referring Provider *(Last, First)*

Fill in only if Call Back is required.
Phone ( ) _____ – _____
Fax* ( ) _____ – _____

Provider's National I.D. (NPI)

**Fax number given must be from a fax machine that complies with applicable HIPAA regulation.*

Specimens Provided (required)

☐ Blood ☐ Bone Marrow ☐ Fixed Cells ☐ Cultured Cells	☐ Paraffin block No. sent: Indicate source: ☐ Slides No. sent:	☐ Other Anatomic site:

CBC results:
HGB _____ MCV _____ WBC _____
RBC _____ RDW _____ PLT _____

COG Protocol: _____
COG Registration #: _____
Is the patient a known Down Syndrome patient? ☐ Yes ☐ No

Pathology/Clinical Diagnosis (required)

Please include pathology report.

*(Include a **reason for referral,** suspected diagnosis, brief history, and pertinent laboratory results.)*

Bone marrow transplant:
☐ Autologous ☐ Allogeneic ☐ Sex mis-match

Disease stage:
☐ New diagnosis ☐ Relapse ☐ MRD

ICD-10 Diagnosis Code

Pathologist's Name (required)

Submitting/Referring Pathologist *(Last, First)*

Phone ( ) _____ – _____
Fax* ( ) _____ – _____

**Fax number given must be from a fax machine that complies with applicable HIPAA regulation.*

MCL Internal Use Only

Ship specimens to:
Mayo Clinic Laboratories
3050 Superior Drive NW
Rochester, MN 55901

Customer Service: 855-516-8404

Visit www.MayoClinicLabs.com for the most up-to-date test and shipping information.

Billing Information
- An itemized invoice will be sent each month.
- Payment terms are net 30 days.

Call the Business Office with billing related questions:
800-447-6424 (US and Canada)
507-266-5490 (outside the US)

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Patient Information (required)

Patient ID *(Medical Record No.)*	Client Account No.
Patient Name *(Last, First, Middle)*	Client Order No.
Birth Date *(Month DD, YYYY)*	

CHROMOSOME ANALYSIS

Chromosome Analysis

- ☐ COGBM — Chromosome Analysis, Hematologic Disorders, Children's Oncology Group Enrollment Testing, Bone Marrow
- ☐ COGBL — Chromosome Analysis, Hematologic Disorders, Children's Oncology Group Enrollment Testing, Blood

FISH TESTING

☐ COGMF — Acute Myeloid Leukemia (AML), Children's Oncology Group Enrollment Testing, FISH

Must select probes listed below or entire panel

☐ RUNX1T1/RUNX1	t(8;21)(q22;q22)
reflex: MECOM/RUNX1	t(3;21)(q26.2;q22)
☐ PML/RARA	t(15;17)(q24.1;q21.2)
reflex: RARA/BAP	17q21 rearrangement
☐ MYH11/CBFB	inv(16)(p13q22) or t(16;16)
☐ DEK/NUP214	t(6;9)(p23;q34)
☐ KAT6A/CREBBP	t(8;16)(p11.2;p13.3)
☐ NUP98 BAP	11p15.4 rearrangement
reflex: HOXA9/NUP98	t(7;11)(p15;p15.4)
☐ MLL (KMT2A) BAP	11q23 rearrangement
reflex: AFF1/MLL	t(4;11)(q21;q23)
reflex: MLLT4/MLL	t(6;11)(q27;q23)
reflex: MLLT3/MLL	t(9;11)(p22;q23)
reflex: MLLT10/MLL	t(10;11)(p13;q23)
reflex: MLL/CREBBP	t(11;16)(q23;p13.3)
reflex: MLL/MLLT1	t(11;19)(q23;p13.3)
reflex: MLL/ELL	t(11;19)(q23;p13.1)
☐ BCR/ABL1	t(9;22)(q34;q11.2)
☐ MLF1/NPM1	t(3;5)(q25;q34)
☐ RBM15/MKL1	t(1;22)(p13.3;q13.1)
☐ RPN1/MECOM	inv(3)(q21.3q26.2) or t(3;3)
reflex: PRDM16/RPN1	t(1;3)(p36.3;q21.3)
reflex: MECOM/RUNX1	t(3;21)(q26.2;q22)
☐ D5S630/EGR1	-5/5q deletion
☐ D7Z1/D7S486	-7/7q deletion
☐ D8Z2/MYC	+8
☐ D13S319/LAMP1	13q deletion
☐ TP53/D17Z1	-17/17p deletion
☐ D20S108/20qter	20q deletion/ider(20q)

☐ **Perform entire panel**

☐ COGBF — B-Lymphoblastic Leukemia/Lymphoma, Children's Oncology Group Enrollment Testing, FISH

Must select EITHER Individual Probes desired or Diagnostic B-ALL or BCR-ABL1(Ph)-like Panels (or both)

☐ **Diagnostic+BCR-ABL1(Ph)-like Panels** (includes probes listed below; reflex probes and ABL1 as needed)

Diagnostic Panel

☐ PBX1/TCF3	t(1;19)(q23;p13.3)
☐ ETV6/RUNX1	t(12;21)(p13;q22)
☐ BCR/ABL1	t(9;22) (q34;q11.2)
☐ MLL (KMT2A) BAP	11q23 rearrangement
reflex: AFF1/MLL	t(4;11)(q21;q23)
reflex: MLLT4/MLL	t(6;11)(q27;q23)
reflex: MLLT3/MLL	t(9;11)(p22;q23)
reflex: MLLT10/MLL	t(10;11)(p13;q23)
reflex: MLL/MLLT1	t(11;19)(q23;p13.3)
reflex: MLL/ELL	t(11;19)(q23;p13.1)
☐ CDKN2A/D9Z1	-9/9p deletion or +9
☐ D4Z1/D10Z1/D17Z1	+4,+10,+17, hyper-or hypodiploidy
☐ TP53/D17Z1	-17/17p deletion
☐ IGH BAP	14q32 rearrangement
reflex: CRLF2/IGH	t(X;14) or t(Y;14)
☐ MYC BAP	8q24.1 rearrangement
☐ P2RY8 BAP	t(Xp22.33;var) or t(Yp11.32;var)
☐ CRLF2 BAP	t(Xp22.33;var) or t(Yp11.32;var)

☐ **Perform entire diagnostic panel**

BCR-ABL1(Ph)-like Panel

☐ ABL2 BAP	1q25 rearrangement
☐ PDGFRB BAP	5q33 rearrangement
☐ IKZF1/Cep7	-7/7p deletion
☐ JAK2 BAP	9p24.1 rearrangement
☐ ABL1 BAP	9q34 rearrangement
☐ CRLF2 BAP	t(Xp22.33;var) or t(Yp11.32;var)
☐ P2RY8 BAP	t(Xp22.3;var) or t(Yp11.32;var)

☐ **Perform entire BCR-ABL1(Ph)-like panel**

☐ COGTF — T-Cell Acute Lymphoblastic Leukemia (T-ALL), Children's Oncology Group Enrollment Testing FISH

Must select probes listed below or entire panel

☐ TLBLF — T-Lymphoblastic Leukemia/Lymphoma, FISH, Tissue

Must select probes listed below or entire panel

☐ BCR/ABL1	t(9;22) and ABL1 amplification
☐ MLL (KMT2A) BAP	11q23 rearrangement
reflex: AFF1/MLL	t(4;11)(q21;q23)
reflex: MLLT4/MLL	t(6;11)(q27;q23)
reflex: MLLT3/MLL	t(9;11)(p22;q23)
reflex: MLLT10/MLL	t(10;11)(p13;q23)
reflex: MLL/MLLT1	t(11;19)(q23;p13.3)
reflex: MLL/ELL	t(11;19)(q23;p13.1)
☐ CDKN2A/D9Z1	-9/9p deletion or +9
☐ TAL1/STIL	1p33 rearrangement
☐ TLX3/BCL11B	t(5;14)(q35;q32)
☐ TRB BAP	7q34 rearrangement
Four reflex probes available MYC, LMO1, LMO2 (BL/BM only) TLX1 (BL/BM/Tissue)	
☐ MLLT10/PICALM	t(10;11)(p12;q14)
☐ TRAD BAP	14q11.2 rearrangement
Four reflex probes available MYC, LMO1, LMO2 (BL/BM only) TLX1 (BL/BM/Tissue)	

☐ **Perform entire panel**

SPECIALIZED TESTING

Chromosomal Microarray

- ☐ CMAH — Chromosomal Microarray, Hematologic Disorders
- ☐ CMAT — Chromosomal Microarray, Tumor, Fresh or Frozen using Affymetrix Cytoscan HD

MatePair (NGS) Targeted Rearrangement

- ☐ MTRBM — MatePair, Targeted Rearrangements, Hematologic
- ☐ MTRTI — MatePair, Targeted Rearrangements, Oncology (Tissue-Fresh)
- ☐ MPAML — MatePair, Acute Myeloid Leukemia (AML) Panel

Print

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