PETER MACCALLUM CANCER CENTRE
MOLECULAR HAEMATOLOGY REQUEST FORM

Peter MacCallum Cancer Centre Victoria Australia

the Wilson Centre for BLOOD CANCER GENOMICS

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 INDICATE IF PATIENT HAS RECEIVED AN ALLOGENEIC TRANSPLANT

PLEASE SEND ALL RELEVANT PATHOLOGY RESULTS (E.G. BONE MARROW REPORT, FBE REPORT, HISTOPATHOLOGY REPORT, ETC.) WITH SAMPLE. IF NOT AVAILABLE AT TIME OF REQUEST, RESULTS CAN BE EMAILED TO MOLECULAR.HAEMATOLOGY@PETERMAC.ORG.

SAMPLE TYPE

☐ BONE MARROW ☐ BLOOD ☐ TISSUE ☐ cfDNA ☐ HAIR

☐ OTHER (PLEASE STATE):

(FOR FFPE TISSUE ONLY) PERMISSION TO EXHAUST BLOCK ☐ YES ☐ NO

IF NOT SELECTED, PERMISSION IS ASSUMED TO BE GIVEN

COLLECTION DATE:

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

NGS GENE PANELS *SEE OVER FOR PANEL DETAILS*

☐ MYELOPROLIFERATIVE NEOPLASM (MPN) GENE PANEL

☐ ALLHAEM DNA – HAEMATOLOGICAL MALIGNANCY GENE PANEL

☐ ALLHAEM DNA&RNA (BOTH ASSAYS)

☐ ALLHAEM RNA – HAEMATOLOGICAL MALIGNANCY GENE FUSION PANEL

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.*

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SINGLE GENE/VARIANT ASSAYS

☐ *FLT3*-ITD & TKD (NON-QUANTITATIVE)

☐ *NPM1* (NON-QUANTITATIVE)

☐ *HAVCR2* GERMLINE VARIANT ANALYSIS (NON-MBS ONLY)

☐ GERMLINE TESTING TO DETERMINE ORIGIN (SOMATIC VS GERMLINE) OF PREVIOUSLY DETECTED VARIANT (NON-MBS ONLY)

QUANTITATIVE PCR (QPCR) ASSAYS

☐ t(9;22) *BCR*::*ABL1* (p210, p190 FUSION TRANSCRIPTS)

☐ *NPM1* MRD (TYPE A/B/D)

IGH/IGK/IGL MRD ASSAY

☐ ADAPTIVE CLONOSEQ ASSAY (PLEASE INDICATE SAMPLE TYPE BELOW)

- ☐ BASELINE (ID) SAMPLE
- ☐ MRD SAMPLE

clonoSEQ® By Adaptive

OTHER ASSAYS

☐ CHIMERISM ANALYSIS (NON-MBS ONLY)

☐ IGHV SOMATIC HYPERMUTATION (SHM) ANALYSIS (NON-MBS ONLY)

SELECT PAYMENT OPTION

☐ BILL HOSPITAL / PATHOLOGY PROVIDER

☐ BILL MEDICARE (PATIENT MUST SIGN BELOW. IF A TEST IS BEING REQUESTED THROUGH MEDICARE, THE PATIENT MUST BE A PRIVATE PATIENT IN A PRIVATE HOSPITAL, APPROVED DAY HOSPITAL FACILITY OR RECOGNISED HOSPITAL, OR AN OUTPATIENT OF A RECOGNISED HOSPITAL. NON-REBATABLE TESTS/TEST COMPONENTS WILL BE BILLED TO REFERRAL LABORATORY UNLESS OTHERWISE SPECIFIED.) PLEASE INDICATE APPLICABLE MBS ITEM:

- ☐ MPN PANEL – **ET/PV (MBS ITEM 73398)**
- ☐ MPN PANEL – **PMF, TRANSPLANT ELIGIBLE (73399)**
- ☐ ALLHAEM DNA – **SUSPECTED MYELOID MALIGNANCY (73447)**
- ☐ ALLHAEM DNA – **SUSPECTED LYMPHOID MALIGNANCY (73448)**
- ☐ ALLHAEM DNA&RNA – **SUSPECTED MYELOID MALIGNANCY (73445)**
- ☐ ALLHAEM DNA&RNA – **SUSPECTED LYMPHOID MALIGNANCY (73446)**
- ☐ ADAPTIVE CLONOSEQ – **ACUTE LYMPHOBLASTIC LEUKAEMIA (73310)***

*GAP FEE APPLICABLE, BILLED TO REFERRING LABORATORY UNLESS OTHERWISE INDICATED

- ☐ **GENE REARRANGEMENTS IN AML/APL/ALL/CML (73314)**
  FLT3-ITD/TKD (NON-QUANTITATIVE)
  NPM1 (QUANTITATIVE OR NON-QUANTITATIVE)
  BCR::*ABL1* (QUANTITATIVE)

PLEASE NOTE: ALL OTHER TESTS NOT COVERED BY MBS

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:** _____ ☐ **PATIENT UNABLE TO SIGN**

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

☐ BILL OTHER (PLEASE SPECIFY):

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NGS GENE PANEL LISTS

MYELOPROLIFERATIVE NEOPLASM (MPN) GENE PANEL – 22 GENES

THE ALLHAEM RNA PANEL HAS BEEN DESIGNED TO PROVIDE DIAGNOSTIC, PROGNOSTIC AND THERAPEUTIC INFORMATION PRIMARILY IN THE SETTINGS OF MPN and MDS/MPN

ASXL1	*CBL*	*ETNK1*	*IDH1*	*JAK2*	*KRAS*	*NRAS*	*SETBP1*	*SH2B3*	*TET2*	*U2AF1*
CALR	*CSF3R*	*EZH2*	*IDH2*	*KIT*	*MPL*	*RUNX1*	*SF3B1*	*SRSF2*	*TP53*	*ZRSR2*

ALLHAEM DNA – HAEMATOLOGICAL MALIGNANCY GENE PANEL – 80 GENES

THE ALLHAEM DNA PANEL HAS BEEN DESIGNED TO PROVIDE DIAGNOSTIC, PROGNOSTIC AND THERAPEUTIC INFORMATION ACROSS THE SPECTRUM OF HAEMATOLOGICAL MALIGNANCY.

ABL1	*BIRC3*	*CCND1*	*DDX41**	*FYN*	*JAK1*	*MPL*	*NRAS*	*PPM1D*	*SF3B1*	*STAT5B*	*WT1*
ARAF	*BRAF*	*CD274*	*DNMT3A*	*GATA1*	*JAK2*	*MYD88*	*PDCD1LG2*	*PTEN*	*SH2B3*	*STAT6*	*XPO1*
ASXL1	*BTK*	*CD79B*	*EGR2*	*GATA2*	*JAK3*	*NF1*	*PDGFRA*	*PTPN11*	*SMARCA2*	*TET2*	*ZRSR2*
BAX	*CALR*	*CEBPA*	*ETNK1*	*ID3*	*KIT*	*NFKBIE*	*PIGA*	*RHOA*	*SMARCA4*	*TP53*	
BCL2	*CARD11*	*CSF3R*	*ETV6*	*IDH1*	*KRAS*	*NOTCH1*	*PIK3CD*	*RRAGC*	*SRSF2*	*U2AF1*	
BCOR	*CBFB*	*CXCR4*	*EZH2*	*IDH2*	*MAP2K1*	*NOTCH2*	*PLCG1*	*RUNX1*	*STAG2*	*UBA1*	
BCORL1	*CBL*	*DDX3X*	*FLT3***	*IRF8*	*MEN1*	*NPM1*	*PLCG2*	*SETBP1*	*STAT3*	*UBTF*	

**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 WHEN REQUESTED

ALLHAEM RNA – HAEMATOLOGICAL MALIGNANCY GENE FUSION PANEL

THE ALLHAEM RNA PANEL HAS BEEN DESIGNED TO PROVIDE DIAGNOSTIC, PROGNOSTIC AND THERAPEUTIC INFORMATION PRIMARILY IN THE SETTINGS OF ALL, AML, EOSINOPHILIA AND HISTIOCYTIC DISORDERS. THE PANEL TARGETS THE FOLLOWING GENES:

ABL1	*BCR*	*CRLF2*	*ETV6*	*GLIS2*	*MECOM*	*MLLT3*	*NPM1*	*NUTM1*	*PDGFRB*	*RBM15*	*TYK2*
ABL2	*BRAF*	*CSF1R*	*FGFR1*	*HLF*	*MEF2D*	*MNX1*	*NTRK1*	*PAX5*	*PICALM*	*RET*	*UBTF*
AFDN	*CBFA2T3*	*DEK*	*FGFR3*	*IL2RB*	*MLF1*	*MRTFA*	*NTRK2*	*PBX1*	*PML*	*RUNX1*	*USP2*
AFF1	*CBFB*	*ELL*	*FIP1L1*	*JAK2*	*MLLT1*	*MYB*	*NTRK3*	*PCM1*	*PTK2B*	*RUNX1T1*	*ZMYM2*
ALK	*CPSF6*	*EPOR*	*FLT3*	*KAT6A*	*MLLT10*	*MYC*	*NUP214*	*PDCD1LG2*	*RARA*	*TCF3*	*ZNF384*
BCL11B	*CREBBP*	*ERG*	*FUS*	*KMT2A*	*MLLT11*	*MYH11*	*NUP98*	*PDGFRA*	*RARG*	*TSLP*	

SAMPLE REQUIREMENTS

ADAPTIVE CLONOSEQ	**BASELINE (ID) SAMPLE** ○ **BONE MARROW ASPIRATE** *1-2 mL IN EDTA* ○ **PERIPHERAL BLOOD** *4 mL IN EDTA* ○ **TISSUE, FFPE BLOCK OR SECTIONS** *PARAFFIN BLOCK OR 10 SECTIONS OF 5 MICRON THICKNESS ON UNCOATED SLIDES. HISTOPATHOLOGY REPORT REQUIRED* ○ **DNA** *MINIMUM 10 µL AT ≥ 50 ng/µL* **MRD SAMPLE** ○ **BONE MARROW ASPIRATE** *1-2 mL IN EDTA* ○ **PERIPHERAL BLOOD** *4 mL IN EDTA*
ALLHAEM DNA / MPN GENE PANEL	○ **PERIPHERAL BLOOD** *4 mL IN EDTA* ○ **BONE MARROW ASPIRATE** *1-2 mL IN EDTA* ○ **TISSUE, FRESH** *TISSUE BIOPSY IN STERILE CONTAINER; IN SALINE OR SALINE-SOAKED GAUZE. SEND FROZEN OR AT 4°C* ○ **TISSUE, FFPE BLOCK OR SECTIONS** *PARAFFIN BLOCK OR 10 SECTIONS OF 5 MICRON THICKNESS ON UNCOATED SLIDES. HISTOPATHOLOGY REPORT REQUIRED* ○ **DNA** *MINIMUM 10 µL AT ≥ 50 ng/µL* ○ **CELL FREE DNA (cfDNA)** *10 mL PERIPHERAL BLOOD IN STRECK TUBE.* ***MUST BE RECEIVED WITHIN 72 HRS OF COLLECTION*** ○ **OTHER (*E.G.* CSF)** *PLEASE CALL / EMAIL TO DISCUSS PRIOR TO SENDING*
ALLHAEM RNA	○ **PERIPHERAL BLOOD** *4 mL IN EDTA.* ***MUST BE RECEIVED WITHIN 48 HOURS OF COLLECTION*** ○ **BONE MARROW ASPIRATE** *1-2 mL IN EDTA.* ***MUST BE RECEIVED WITHIN 48 HOURS OF COLLECTION*** ○ **RNA (CELLS IN TRIZOL OR EXTRACTED RNA)** *MINIMUM RNA, 20 µL AT ≥ 40 ng/µL BY QUBIT (OR NEAT SAMPLE)* ○ **TISSUE, FFPE BLOCK OR SECTIONS** *PARAFFIN BLOCK OR 10 SECTIONS OF 5 MICRON THICKNESS ON UNCOATED SLIDES. HISTOPATHOLOGY REPORT REQUIRED*
CHIMERISM	○ **PERIPHERAL BLOOD, PRE-TRANSPLANT** *4 mL IN EDTA* ○ **PERIPHERAL BLOOD, POST-TRANSPLANT** *18 mL IN EDTA.* ***MUST BE RECEIVED WITHIN 24 HOURS OF COLLECTION*** ○ **BONE MARROW ASPIRATE** *1-2 mL IN EDTA*
***FLT3*-ITD & TKD / NPM1 (NON-QUANTITATIVE)**	○ **PERIPHERAL BLOOD** *4 mL IN EDTA* ○ **BONE MARROW ASPIRATE** *1-2 mL IN EDTA* ○ **TISSUE, FRESH** *TISSUE BIOPSY IN STERILE CONTAINER; IN SALINE OR SALINE-SOAKED GAUZE. SEND FROZEN OR AT 4°C* ○ **DNA** *MINIMUM 10 µL AT ≥ 50 ng/µL* ○ **OTHER (*E.G.* CSF)** *PLEASE CALL / EMAIL TO DISCUSS PRIOR TO SENDING*
***HAVCR2* GERMLINE / VARIANT ORIGIN CONFIRMATION**	○ **PERIPHERAL BLOOD** *4 mL IN EDTA* ○ **BONE MARROW ASPIRATE** (EDTA) *1-2 mL IN EDTA* ○ **DNA** *MINIMUM 10 µL AT ≥ 50 ng/µL* ○ **HAIR FOLLICLES** *PLEASE CALL / EMAIL TO DISCUSS PRIOR TO SENDING, COLLECTION PROCEDURE AVAILABLE* ○ **OTHER** *PLEASE CALL / EMAIL TO DISCUSS PRIOR TO SENDING*
IGHV SHM ASSAY	○ **PERIPHERAL BLOOD** *4 mL IN EDTA* ○ **BONE MARROW ASPIRATE** *1-2 mL IN EDTA* ○ **TISSUE, FRESH** *TISSUE BIOPSY IN STERILE CONTAINER; IN SALINE OR SALINE-SOAKED GAUZE. SEND FROZEN OR AT 4°C* ○ **TISSUE, FFPE BLOCK OR SLIDES** *PARAFFIN BLOCK OR 10 SECTIONS OF 5 MICRON THICKNESS ON UNCOATED SLIDES. HISTOPATHOLOGY REPORT REQUIRED* ○ **DNA** *MINIMUM 10 µL AT ≥ 50 ng/µL* ○ **OTHER (*E.G.* CSF)** *PLEASE CALL / EMAIL TO DISCUSS PRIOR TO SENDING*
QPCR (*BCR*::*ABL1* and *NPM1*)	○ **PERIPHERAL BLOOD** *20 mL IN EDTA.* ***MUST BE RECEIVED WITHIN 72 HOURS OF COLLECTION*** ○ **BONE MARROW ASPIRATE** *1-2 mL IN EDTA.* ***MUST BE RECEIVED WITHIN 72 HOURS OF COLLECTION*** ○ **RNA (CELLS IN TRIZOL OR EXTRACTED RNA)** *PLEASE CALL / EMAIL TO DISCUSS PRIOR TO SENDING*

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

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