GOVERNMENT OF WESTERN AUSTRALIA

PathWest LABORATORY MEDICINE WA

FLUORESCENCE IN-SITU HYBRIDISATION (FISH) REQUEST FORM
DIAGNOSTIC GENOMICS

PATIENT DETAILS					
UMRN		Date of birth		Sex	
Surname		First name			
Street address					
			Postcode		

REQUESTING PRACTITIONER			
Surname		First name	
Address			
		Postcode	
Phone		Fax	
Provider no.			

	BILLING DETAILS
	INVOICE MEDICARE ON BEHALF OF REQUESTING LABORATORY – Please confirm that the requested test meets Medicare eligibility criteria.
	PATIENT CONSENT FOR PAYMENT OF NON-REBATABLE TEST *I understand that my medical practitioner has requested test(s) that are not covered by Medicare. I understand that I will receive an invoice from the Pathology Service performing this test which is a different laboratory from that where my specimen was collected. I agree to accept responsibility for the full payment of the fees for the test(s) that are not rebatable from Medicare.* **PATIENT SIGNATURE:** _____ **DATE:** _____
	INVOICE REQUESTING LABORATORY – Please note that the requesting laboratory will be invoiced if no option is selected, if the requested test is not Medicare rebatable or if patient consent is not obtained.
	INVOICE PUBLIC HOSPITAL – For requests that originate directly from a public hospital which can be invoiced.

AUTHORISATION			
Signature of requestor		Date	

CASE DETAILS			
Clinical details and diagnosis (Please attach cytology/histology report)			
Pathology provider		Pathologist	
Lab accession no.		Block no.	

RCPA The Royal College of Pathologists of Australasia

NATA

Diagnostic Genomics Department, PathWest, QEII Medical Centre, Western Australia, 6009
Telephone (08) 6383 4240 Fax (08) 6383 4280
DiagnosticGenomicsQE.PathWest@health.wa.gov.au

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REQUIRED MATERIALS

Please send one representative H&E slide with area of interest circled (10mm diameter) and 3µm (lymphoma) or 4µm unstained sections on **positively charged** slides (at least one unstained section per probe request). Two additional slides are recommended if repeat preparation is required for technical reasons.
Send samples to: **Central Specimen Registration Area, PathWest, PP Block, QEII Medical Centre, Hospital Ave, Nedlands WA 6009.** Phone – Diagnostic Genomics 08 6383 4240
Email enquiries: Joanne.Peverall@health.wa.gov.au or Benjamin.VanVliet@health.wa.gov.au

LYMPHOMA PROBES		
ALK breakapart	IGH breakapart	MYC breakapart
BCL2 breakapart	IGH-PAX5 fusion	IGH-MYC fusion
IGH-BCL2 fusion	IRF4/DUSP22 breakapart	IGK-MYC fusion
BCL6 breakapart	IRF4-IGH fusion	IGL-MYC fusion
IGH-BCL6 fusion	IRF4-IGK fusion	BCL6-MYC fusion
CCND1 breakapart	IRF4-IGL fusion	RB1 (13q14) deletion
IGH-CCND1 fusion	MALT1 breakapart	Trisomy 3/18
CCND2 breakapart	BIRC3-MALT1 fusion	Trisomy 12
CCND3 breakapart	IGH-MALT1 fusion	TP53 (17p13) deletion
CDKN2A (p16) deletion	MYC amplification	TP63 breakapart

NON-LYMPHOMA PROBES		
1p/19q co-deletion	FUS breakapart	PAX3-FOXO1 fusion
7p amplification/ chr 7 gain	FUS-CREB3L2 fusion	PAX7-FOXO1 fusion
Monosomy 10	JAZF1 breakapart	PDGFB breakapart
Isochromosome 12p	MAML2 breakapart	PHF1 breakapart
ALK1 breakapart	MDM2/CDK4 amplification	PLAG1 breakapart
ATF1 breakapart	MYB breakapart	RB1 (13q14) deletion
BAP1 deletion	MYC amplification	RET breakapart
BCOR breakapart	MYCN amplification	ROS1 breakapart
BRAF breakapart	NCOA2 breakapart	SMARCB1 (INI1) loss
CDKN2A (p16) deletion	NF2 deletion	SS18 breakapart
CIC breakapart	NR4A3 breakapart	SS18-SSX1 fusion
CREB1 breakapart	NTRK1 breakapart	SS18-SSX2 fusion
CSF1 breakapart	NTRK2 breakapart	TFE3 breakapart
DDIT3 (CHOP) breakapart	NTRK3 breakapart	USP6 breakapart
EWSR1 breakapart	NUTM1 breakapart	VHL (3p25) deletion
EWSR1-FLI1 fusion	NUTM1-BRD4 fusion	YWHAE breakapart
ETV6 breakapart	TP53 (17p13) deletion	YWHAE-NUTM2A/B fusions

MELANOCYTIC PANEL	PLOIDY	PANCREATOBILIARY PANEL
RREB1/MYB/CCND1/CEP6	Chr 13/21, Chr X/Y/18	MCL1/EGFR/MYC/CDKN2A

COMMENTS:

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