CYTOGENETICS & MOLECULAR CYTOGENETICS DEPARTMENT
Archbishop Makarios III Hospital, Nicosia +357 22405182

Lab. Number:

PATIENT DETAILS

Name: _____ I.D. Number:_____ Gender: Female ☐
Address: _____ UN: _____ Male ☐
Tel. Num. : _____ Birth Date: _____ Foetus ☐

REFERRING PHYSICIAN / SCIENTIST

Name: _____ Tel. No: _____
Address: _____ Mobile No: _____ Email: _____
Hospital: _____ Fax No: _____

TYPE OF SERVICE (please tick as appropriate)

- ☐ 1.Chromosomal analysis of CVS - Prenatal Diagnosis (Transfer Medium)
- ☐ 2.Chromosomal analysis of Amniotic Fluid (20mL) - Prenatal Diagnosis
- ☐ 3.Chromosomal analysis of Foetal Blood - Prenatal Diagnosis (2mL in Sodium Heparin - Green Top)
- ☐ 4.Chromosomal analysis of Peripheral Blood (2-10mL in Sodium Heparin - Green Top)
- ☐ 5.Chromosomal analysis of Peripheral Blood for couples (5-10mL in Sodium Heparin - Green Top)
- ☐ 6.Chromosomal analysis of Skin Biopsy / of Products of Conception (Transfer Medium)
- ☐ 7.Chromosomal analysis of Bone Marrow (Transfer Medium in Sodium Heparin - Green Top)
- ☐ 8.Chromosomal analysis of Per. Blood - haematological disorders - (2-10mL in Sodium Heparin - Green Top)
- ☐ 9.Tissue Culture Only - To facilitate other tests
- ☐ 10. Establish Fibroblast Cell Line
- ☐ 11. Molecular analysis by F.I.S.H.

Case Information (Prenatal & Haematological Disorders)

Clinical Diagnosis: _____ WBC: _____ Blast count: _____
Clinical Details: _____ New Referral or Follow up or Remission (select)
Reason for Referral: _____ Urgent: Yes / No

Time of sampling: _____ LMP: _____ Gestational age in weeks: _____

For Postnatal Referrals

Syndromic Diagnosis: _____
Dysmorphic Features: _____
Congenital Anomalies: _____

Non Syndromic Diagnosis ☐

Consanguinity: Yes ☐
No ☐

Familial Condition: Yes ☐
No ☐

Patient Consent **Yes** **No**

In cases where the patient is incapable of giving consent, consent may be given by the next of kin. If the patients is under the age of 18, consent should be given by a parent or guardian.

Please ensure that B.M samples arrive at the Lab before 14:30 (by appointment) and be signed by the referring doctor

Available F.I.S.H. Probes for Haematological Disorders - Please tick as appropriate:

Probe Loci	Chromosome Anomalies	Tick	Probe Loci	Chromosome Anomalies	Tick
E2A/PBX1	t(1;19)(q23.3;p13.3)		IGH/CCND1	t(11;14)(q13;q32)	
ALK/EML4	2p23		MLL/MLLT1	t(11;19)(q23.3;p13.3)	
BCL6	3q27.3		ETV6	12p13	
FIP1L1/CHIC2/ PDGFRA	4q12		TEL/AML1	t(12;21)(p13;q22)	
MLL/AFF1	t(4;11)(q21.3-q22.1;q23.3)		D13S319	13q14.3	
FGFR3/IGH	t(4;14)(p16;q32)		TCRAD	14q11.2	
EGR1	5q31.2		IGH	14q32	
MYB	6q23		IGH/MAF	t(14;16)(q32.3;q23)	
DEK/NUP214	t(6;9)(p22;q34)		IGH/BCL2	t(14;18)(q32;q21)	
MLL/MLLT4	t(6;11)(q27;q23.3)		IGH/MAFB	t(14;20)(q32.33;q12)	
IGH/CCND3	t(6;14)(p21;q32.33)		PML/RARA	t(15;17)(q24.1;q21.1-21.2)	
D7S522/CEP7	7q31/cen7		CBFß	16q22	
MYC	8q24		TP53	17p13.1	
IGH/MYC/CEP8	t(8;14)(q24;q32)		RARA	17q21	
RUNX1/RUNX1T1	t(8;21)(q21.3;q22)		MALT1	18q21.31	
CDKN2A/CEP9	9p21		E2A	19p13	
MLL/MLLT3	t(9;11)(p21.3;q23.3)		D20S108	20q12	
BCR/ABL1	t(9;22)(q34;q11)		LSI21	21q22.13-q22.2	
ATM	11q22.3		IGL	22q11.21-q11.23	
MLL	11q23		ALL PANEL		
CEP probes (4/8/9/10/12/17)			CLL PANEL		

Available F.I.S.H. Probes for the Diagnosis of Diseases / Syndromes - Please tick as appropriate:

Probe	Tick	Probe	Tick	Probe	Tick
Wolf-Hirschhorn Syndrome (4p16.3)		**Rubinstein-Taybi Syndrome** (16p13.3)		**Kallman Syndrome** (Xp22.31)	
Cri du chat Syndrome(5p15.2/5p15.31) **/ SOTOS Syndrome** (5q35)		**Smith-Magenis/ Miller-Dieker Syndrome** (17p11.2/17p13.3)		**XIST** (Xq13.2)	
Saethre-Chotzen Syndrome (7p21.1)/**Williams-Beuren Syndrome** (7q11.23)		**Alagille Syndrome** (20p12.2)		**CEP X**	
Langer-Giedion Syndrome (8q23.3/8q24.11)		**Down Syndrome** (21q22.13-q22.2)		**SRY** (Yp11.31/Yq12)	
Prader-Willi/Angelman (15q11.2)		**DiGeorge Syndrome** (22q11.2-q13.3)		**Rapid Prenatal Aneuploidy F.I.S.H. Test**	

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