**MD Anderson Cancer Center**

**Division of Pathology/Laboratory Medicine**

**Outreach Services**

**SHIP MICROBIOLOGY, FLOW CYTOMETRY, HLA AND CYTOGENETICS TESTING TO:**
1515 Holcombe Blvd., R4.1446 (Unit 72)
Houston, Texas 77030
PHONE: (713) 794-1093 OR 1094
FAX: (713) 794-1094
CONTINENTAL US: 1-800-315-8424

**SHIP MOLECULAR TESTING ONLY TO:**
6556 MD Anderson Blvd., Room Z3.4015
Houston TX 77030
Phone: (713) 794-4780 / (713) 794-4773

**SPECIMEN INFORMATION:** Collection Date: / Time: A/P
Specimen Type: Serum □ Plasma □ BM □ Urine □ PB □ Other
Diagnosis:

**Microbiology**

- CMV Antigenemia
- Giardia lamblia
- Aspergillus Ag

**Flow Cytometry**

- Acute Leukemia Screen Panel
- B-Cell Lymphoma Panel
- Limited B-CLL Panel (CD5/CD19/CD38, kappa/lambda)
- Hairy Cell Leukemia Panel
- Myeloma Panel
- Waldenstrom's Panel
- T-Cell Lymphoma/Mycosis Fungoides (MF) Panel
- Immunodeficiency Panel
- CD4/CD8 ratio
- CD4 Assay
- Other Markers Please specify:

**Molecular Diagnostics**

**Leukemia/Lymphoma Testing with Interp and Report**

**Clonality Assays**

- IGH-Beta1 clonality (PCR)
- TCR-beta T-cell clonality (PCR)

**Translocation/Gene Fusions**

- ABL1 mutation
- ABL1 quantitative sequencing (c131/117/1311/5)
- Acute myeloid leukemia translocation screening: BCR-ABL, PML-RARA, RUNX1-RUNX1/T1
- EVS-RUNX1: E2A-PBX1, MLL-AF4
- CBFB-MYH11 ADE
- DEK-CAN
- 19/22 BCR-ABL 1 Major (quant, PCR)
- (e13a2)(e2a2), (e14a2)(e2a2)
- 19/22 BCR-ABL Minor (quant, PCR)
- (e1a2)

- BCR-ABL: t(9;22) Alternative Transcript (quant, PCR)
- BCR-ABL 1 Minor (quant, PCR)
- BCR-ABL 1 Major (quant, PCR)
- BCR-ABL 1 Minor (quant, PCR)
- BCR-ABL 1 Major (quant, PCR)
- FIP1L1/PDGFRa
- Inv 16 (quant, PCR)
- t(9;21) (quant, PCR)
- t(11q22) (quant, PCR)
- t(11;14) (quant, PCR)
- t(11q23) (quant, PCR)
- t(14;18) (MCR) (quant, PCR)
- t(14;18) (MCR) (quant, PCR)

**Mutations (Point Mutations, Insertions, Deletions)**

- CALR mutation (exon 9)
- CEBPA mutation
- CSF3R mutation (exon 14, 17)
- IDH1 mutation (codon 132)
- IDH2 mutation (codon 140, 172)
- JAK2 exon 12 mutation
- JAK2 mutation (codon 617)
- KIT mutation (exon 17)
- KRAS mutation (codons 12, 13, 61)
- NRAS mutation (codons 12, 13, 61)
- MPL mutation (codon 515)
- NPM1 mutation
- MYD88 mutation (codon 265)

**Transplant Studies with Interp and Report**

- Post-Transplant Quantitative Chimerism Analysis
- Myeloid cells (lineage-specific cell sorting)
- T-cells (lineage-specific cell sorting)

**Molecular for Solid Tumors (See Sample Requirements) with Interp and Report**

- 16q LOH (Colon Ca)
- AKT1 mutation
- BRAF mutation (exons 11 or 15)
- CNOT1 mutation
- EGFR mutation
- GNA11 mutation
- GNAS mutation
- GNAQ mutation
- HRAS mutation
- KIT (exon 9, 11, 13, 17)
- KRAS mutation (codon 12, 13, 61)
- KRAS mutation (codon 146)
- MET mutation
- Microsatellite Instability
- MLH1 Promoter
- MSH2 mutation
- MSH2 mutation
- MSH6 mutation
- MSH6 mutation
- PDGFRA mutation
- PIK3CA mutation

**Cytogenetics**

- Conventional chromosome analysis
- Fluorescence in situ hybridization (FISH)
- Specimen Probes:

**DISCLOSURE**

Disclosure of your social security number (SSN) is requested from you in order for the University of Texas M.D. Anderson Cancer Center to process your request for diagnostic services. No statute or authority requires that you disclose your SSN for this purpose and we may not deny services if you choose not to disclose it. Failure to provide your SSN, however, may result in the creation of a duplicate patient number being issued which may lead to multiple medical records. Further disclosure of your SSN is governed by the Texas Public Information Act and any applicable law.

For questions related to the above information call at (800) 315-8424 or Fax (713) 794-1094

Outreach - REV. 01/22/16
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For questions related to the above information call at (800) 315-8424 or Fax (713) 745-1994.

**REGISTRATION REQUEST**

1. **PATIENT INFORMATION**

   PATIENT NAME: ____________________________________________________________

   PATIENT’S ADDRESS: ______________________________________________________

   PATIENT’S PHONE: _______________________________________________________

   PATIENT’S DATE OF BIRTH: ________________________________________________

   PATIENT’S SOCIAL SECURITY #: ____________________________________________

   PATIENT’S SEX: ______________ PATIENT’S MARITAL STATUS: ________________

2. **PRIMARY INSURANCE**  *will fax face sheet if secondary insurance is listed ________

   INSURANCE COMPANY: ____________________________________________________

   POLICY #: _______________________________________________________________

   ADDRESS: ______________________ TELEPHONE#: ____________________________

   EFFECTIVE DATE: __________________________________________________________

   GROUP PLAN NAME: ________________ GROUP PLAN #: _________________________

   INSURED’S NAME (if different from patient): _________________________________

   RELATIONSHIP TO PATIENT: ______________________________________________

   INSURED’S SS#: __________________________________________________________

   INSURED’S DOB: __________________________________________________________

3. **GUARANTOR INFORMATION**

   SELF: __________________________________________________________________

   OTHER: (NAME) ___________________________________________________________

   (ADDRESS) _______________________________________________________________

   (PHONE) __________________________________________________________________

4. **MDACC SERVICE CODE:** ________________________________________________

   **MDACC PHYSICIAN CODE:** ____________________________________________

5. **CONSULT REQUESTED BY:** ______________________________________________

   PH# : ____________________________________________________________________

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(Instructions for Flow Cytometry Testing)

UTMDACC
Clinical Immunology, Rm. R4.2314, Unit 72
1515 Holcombe Blvd,
Houston, Texas 77030

INSTRUCTIONS FOR COLLECTION AND SHIPMENT OF PATIENT SPECIMEN FOR FLOW CYTOMETRY TESTING

For Bone Marrow Collection: Draw 1-2cc of bone marrow in 10 ml EDTA Tube.

For Peripheral Blood Collection: Draw 10 ml of venous peripheral blood, using 10 ml EDTA Tube.

Label tubes with the following:
• Patient’s full name
• Date of Birth
• Patient’s UTMDACC Number (if registered through Outreach Department 1-800-315-8424)
• Date and Time of Collection
• Initials of Phlebotomist
• CBC Differential
• Diagnosis if known

Package tubes and requisition form in a suitable mailer, on a cold pack, and ship both to UTMDACC, Laboratory (at address above). Customer/Sender must pay for shipping. Ship via Overnight Delivery Service.

Please note that the laboratory is open Monday through Friday 8:00am-10pm only. We will not accept delivery on weekends, or holidays. Therefore, coordinate specimen collection and shipping within these days and times. Please contact us if you have any question regarding these instructions.

Telephone 713-792-3462
FAX 713-794-5541

Request for Flow Cytometry Testing only should be sent to:

UT MD ANDERSON CANCER CENTER
Clinical Immunology Lab, Rm. R4.2314, Unit 72
1515 Holcombe Blvd.
Houston, Texas 77030
INSTRUCTIONS FOR COLLECTION AND SHIPMENT OF PATIENT SPECIMEN FOR CYTOGENETICS TESTING

For **Bone Marrow Collection**: Draw 1-2cc of bone marrow in sodium heparin.

For **Peripheral Blood Collection**: Draw 10-20 ml of venous peripheral blood, using sterile sodium heparin tube (green top).

Label tubes with the following:
- Patient’s full name
- Date of Birth
- Patient’s UTMDACC Number (if registered through Outreach Department 1-800-315-8424)
- Date and Time of Collection
- Initials of Phlebotomist
- CBC Differential
- Diagnosis if known

Package tubes and requisition form in a suitable mailer, on a cold pack, and ship both back to UTMDACC, Cytogenetics Laboratory (at address above), using AIRBONE Shipping (Customer/Sender must pay for shipping). Ship via AIRBORNE’S Overnight Delivery Service.

Please note that the laboratory is **open Monday through Friday 7:00am-11pm only**. We will not accept delivery on weekends, or holidays. Therefore, coordinate specimen collection and shipping within these days and times. Please contact us if you have any question regarding these instructions.

**Telephone 713-792-6330**
**FAX 713-745-3215**

Request for **Cytogenetics Testing only** should be sent to:

**UT MD ANDERSON CANCER CENTER**
Cytogenetics Laboratory, Room B8.4512, Unit 350
1515 Holcombe Blvd.
Houston, Texas 77030
(Instructions for HLA Testing)

UTMDACC
Histocompatibility Laboratory
6565 MD Anderson Blvd
Unit#1060
Houston, Texas 77030

INSTRUCTIONS FOR COLLECTION AND SHIPMENT OF PATIENT SPECIMEN FOR HLA TESTING

For Peripheral Blood Collection: Draw venous peripheral blood, using sterile (2) 10 ml EDTA tubes and (1) 10 ml ACD tube for HLA Testing.

For Patient’s Only: Draw above tubes and include an additional (1) 7 ml Non-Gel tube for Antibody Testing (if needed)

Label tubes with the following:
• Patient’s full name
• Date of Birth
• Patient’s UTMDACC Number (if registered through Outreach Department 1-800-315-8424)
• Date and Time of Collection
• Initials of Phlebotomist

Package tubes and requisition form in a suitable mailer, at room temperature, and ship both back to UTMDACC, HLA Laboratory (at address above), using UPS Shipping (Customer/Sender must pay for shipping). Ship via UPS’ Overnight Delivery Service. Please note that the laboratory is open Monday through Friday 7:30 am - 9:30 pm only. We will not accept delivery on weekends, or holidays. Therefore, coordinate specimen collection and shipping within these days and times.

Please contact us if you have any question regarding these instructions.

Telephone 713-792-2658
FAX 713-794-4773

Request for HLA Testing Only should be sent to:

UT M. D. ANDERSON CANCER CENTER
6565 MD Anderson Blvd
Houston, Texas 77030
Collection and Transport of Specimens for Molecular Testing

To ensure optimum testing conditions for a specimen that is sent to the Molecular Diagnostics Laboratory (MDL) at MD Anderson Cancer Center (MDACC), the client should follow the below guidelines:

1. For *Peripheral Blood*, collect 10-20 ml venous blood in EDTA (purple-top) vacutainer tubes.

For *Bone Marrow*, collect 1-3 ml in EDTA. *It is important that a non-heparinized syringe is used for the initial bone marrow collection; then transferring the specimen to the sterile EDTA vacutainer tube without using a needle to dispense the sample.*

For *Solid Tumor testing*, send 5-6 slides containing 10um sections of paraffin-embedded tissue, along with a guide H&E-stained section. For 18q LOH/MSI studies, also have separate normal and tumor sections or indication of normal and tumor areas if on the same slide. A paraffin block can also be sent. Send at room temperature. Consult with lab for additional questions.

2. Identify the specimen(s) to be sent to MDL:
   - Patient’s full name
   - Date of Birth (DOB)
   - Patient’s MDACC# (if available)
   - Date and Time of Collection
   - Initials of Phlebotomist.

3. All EDTA tubes should be refrigerated immediately after collection and shipped with cold pack by overnight courier. *Extracted RNA or cDNA should be shipped frozen on dry ice.*

4. Samples should be shipped by overnight carrier to arrive Tuesday- Friday by 4:00PM. Call 713-794-4780 for additional information.

**Sender is responsible for shipping charges.**

*Shipping Address:*
UTMDACC
Molecular Diagnostics Laboratory
6565 MD Anderson Blvd Unit# 1062
Houston, Texas 77030