AMPATH LABORATORIES

PR0520005200431

DRS DU BUISSON, KRAMER, SWART, BOUWER INC.

REFERRING DOCTOR	
COPY DOCTOR	

PLACE BARCODE HERE

CLINICAL DIAGNOSIS/ MEDICATION		MEDICAL AID		PLAN	
ICD-10 CODES		MEDICAL AID NO.		DEP. CODE	
		MEDICAL AID AUTH.		STAT	ROUTINE

PATIENT DETAILS

ID NUMBER			
SURNAME		TITLE	
INITIALS & FIRST NAME		AGE	
DATE OF BIRTH	D D M M Y Y Y Y	SEX ASSIGNED AT BIRTH	M F
HOSPITAL/ FOLIO NO.			
CELL	(H)		
(W)			
EMAIL			

PERSON RESPONSIBLE FOR ACCOUNT (GUARANTOR)

GUARANTOR ID NUMBER			
SURNAME			
INITIALS & FIRST NAME		TITLE	
POSTAL ADDRESS			
		POSTAL CODE	
CELL	(H)		
(W)			
EMAIL			

PATIENT/GUARDIAN SIGNATURES:
I confirm acceptance of the informed consent available at ampath.co.za. I verify that all personal information is correct. Y N

GUARANTOR'S SIGNATURE:
I consent to the requested tests and guarantee payment thereof. I consent that ICD10 codes may be provided to my medical aid as per statutory requirements on my account. Y N

PHLEBOTOMY SITE	COLL. DATE D D M M Y Y Y Y	FASTING Y N	PREGNANT Y N	REC. DATE D D M M Y Y Y Y
	COLL. TIME	THYROID MEDICATION Y N	ON ANTI COAGULANT Y N	REC. TIME
	COLL. BY			REC. BY

HOSPITAL PATIENT Y N

NO OF TUBES DRAWN: S01 S02 E01 E02 HEP CIT FLU

MICRO / OTHER: (ST) - Stool, (U) - Urine, (VS) - Vaginal swab

TEST COUNT

HAEMATOLOGY CANCER GENETICS

SAMPLE TYPE

☐ Blood ☐ Bone Marrow

INDICATION FOR TESTING

WHITE CELL COUNT

PCR

IGHPCR	☐	IgH gene rearrangement
TCR	☐	T-cell receptor gene rearrangement
BCR210	☐	BCR::ABL1 p210 quantification*
BCR190	☐	BCR::ABL1 p190 quantification*
JAKP	☐	JAK2 V617F mutation
AML1	☐	t(8;21)(q21.3;q22) RUNX1::RUNX1T1 quantification*
PML	☐	t(15;17)(q22;21.1) PML::RARA quantification*
INV16	☐	inv(16) CBFB::MYH11 quantification*
FLT3PCR	☐	FLT3-ITD fragment analysis
BRAF	☐	BRAF V600E mutation (HCL)
NPM1PCR	☐	NPM1 exon 12 (AML)*

NGS/SANGER SEQUENCING

OMAGEN	☐	Full Myeloid NGS (DNA and RNA)*
OMAHOLD	☐	Full Myeloid NGS panel on hold*
MYELONGS	☐	Limited Myeloid NGS panel (DNA only)
JAKP12	☐	JAK2 exon 12 mutation
CALRETIC	☐	CALR (MPN)
MPLEX10	☐	MPL exon 10 (MPN)
AMLKIT	☐	KIT exons 8/17 (AML/SM)
PTKI	☐	TKI resistance mutations (CML)*
TP53NGS	☐	TP53 (AML/MDS/CLL)
IGHVNGS	☐	IGHV mutation status (CLL)
MYD88NGS	☐	MYD88 (WM)
CXCR4NGS	☐	CXCR4 (WM)
STATNGS	☐	STAT3/STAT5B (LGLL)
ESONGS	☐	GATA1 (TAM)

CONVENTIONAL CYTOGENETICS

GCHROMO	☐	Karyotyping/chromosome analysis

ALLOGENEIC STEM CELL TRANSPLANT

DNAPCR	☐	Chimerism testing/engraftment monitoring (PCR)
HLATYPE	☐	High resolution HLA typing (NGS)
PHARMA	☐	Pharmacogenomics
	☐	Voriconazole
	☐	Tacrolimus
	☐	Other medication: _____

FAMILIAL MYELOID CANCERS

MYELOFIBRO	☐	Germline confirmatory testing skin biopsy (recipient)
DONORNGS	☐	Germline confirmatory testing blood (donor/family)
		Details of suspected familial variant: _____

*RNA based assay - specimen needs to be processed within 72 hours from collection

FISH (Log GFISH on Lab A) ○ / ○

ACUTE MYELOID LEUKAEMIA

ROUTINE
- ☐ t(8;21)(q22;q22) RUNX1::RUNX1T1
- ☐ 11q23 (KMT2A) rearrangement
- ☐ inv16 or t(16;16) CBFB::MYH11
- ☐ t(9;22)(q34;q11) BCR::ABL1 ES p210/p190
- ☐ 17p13 (p53) deletion

ADDITIONAL
- ☐ t(15;17)(q22;q21) PML::RARA
- ☐ 17q21 (RARA) rearrangement

B CELL ACUTE LYMPHOBLASTIC LEUKAEMIA

ROUTINE
- ☐ t(12;21)(p13;q22) ETV6::RUNX1 and iAMP21
- ☐ 11q23 (KMT2A) rearrangement
- ☐ t(1;19)(q23;p13) TCF3::PBX1
- ☐ t(9;22)(q34;q11) BCR::ABL1 ES p210/p190

ADDITIONAL
- ☐ 14q32 (IgH) rearrangement
- ☐ 9p24 (JAK2) rearrangement

T CELL ACUTE LYMPHOBLASTIC LEUKAEMIA

- ☐ t(9;22)(q34;q11) BCR::ABL1 ES p210/p190
- ☐ 14q11 (TRAD) rearrangement

CHRONIC LYMPHOCYTIC LEUKAEMIA

ROUTINE
- ☐ 11q22 (ATM) deletion
- ☐ Trisomy 12
- ☐ 13q14 deletion/monosomy
- ☐ 17p13 (p53) deletion

ADDITIONAL
- ☐ t(11;14)(q13;q32) CCND1::IGH

MYELODYSPLASTIC SYNDROME

ROUTINE
- ☐ 5q31-33 deletion
- ☐ 7q31 deletion/monosomy 7
- ☐ 11q23 deletion
- ☐ 12p deletion
- ☐ 17p13 (p53) deletion

ADDITIONAL
- ☐ 20q12 deletion
- ☐ Trisomy 8
- ☐ Y chromosome status

MULTIPLE MYELOMA

ROUTINE
- ☐ t(4;14)(p16;q32) FGFR3::IGH
- ☐ t(14;16)(q32;q23) IGH::MAF
- ☐ 17p13 (p53) deletion
- ☐ 1p32/1q21 amplification/deletion
- ☐ 13q14 deletion/monosomy

ADDITIONAL
- ☐ 14q32 (IgH) rearrangement
- ☐ 11q22 copy number variation
- ☐ t(11;14)(q13;q32) CCND1::IGH

LOW-GRADE NON-HODGKIN LYMPHOMAS

- ☐ t(11;14)(q13;q32) CCND1::IGH
- ☐ 7q31 deletion/monosomy 7
- ☐ t(11;18)(q21;q21) BICR3::MALT1
- ☐ 18q21 (BCL2) rearrangements
- ☐ t(14;18)(q32;q21) IGH::BCL2

CHRONIC MYELOID LEUKAEMIA

- ☐ t(9;22)(q34;q11) BCR::ABL1 ES p210/p190
- ☐ Trisomy 8
- ☐ Trisomy 19
- ☐ Trisomy 21
- ☐ Y Chromosome Status

OTHER MYELOPROLIFERATIVE NEOPLASMS

- ☐ 4q12 (PDGFRA) rearrangement
- ☐ 5q33 (PDGFRB) rearrangement
- ☐ 8p12 (FGFR1) rearrangement
- ☐ 9p24 (JAK2) rearrangement

HIGH-GRADE NON-HODGKIN LYMPHOMAS

- ☐ 3q27 (BCL6) rearrangement
- ☐ t(8;14)(q24;q32) MYC::IGH
- ☐ 8q24 (MYC) rearrangement
- ☐ 18q21 (BCL2) rearrangement
- ☐ 2p23 (ALK) rearrangement

OTHER TESTS

Note: Please direct requests for any tests not specified above to the Genetics Laboratory via email at ngs@ampath.co.za

Item Code: 000000

Updated 8 July 2025

OUR STANDARD PRICE LIST IS AVAILABLE AT ANY CARE CENTRE