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Test request form
Haematologic Malignancies

Specialised cytology and immune cell typing (flow cytometry) Cytogenetics and Molecular Biology

INTERNATIONAL DIVISION
Tel.: **+33 (0)4 72 80 23 85** • Fax: **+33 (0)4 72 80 73 56**
E-mail: **international@biomnis.eurofinseu.com**

Laboratory code

PATIENT

First name(s)*: .....
Name of birth*: .....
Surname*: .....
Date of birth*: |__|__| |__|__| |__|__|__|__|
Address*: .....
Post code*: |__|__|__|__|__| City*: .....
Country*: .....
Tel.*: |__|__| |__|__| |__|__| |__|__| |__|__| Gender*: ☐ F ☐ M

**Mandatory fields*

CLINICIAN

First name(s): .....
Surname: .....
Address: .....
Post code: |__|__|__|__|__| City: .....
Country: .....
Tel.: |__|__| |__|__| |__|__| |__|__| |__|__|
Fax: |__|__| |__|__| |__|__| |__|__| |__|__|
E-mail: .....

REQUIRED TESTS AND SAMPLE TYPES [EUROFINS BIOMNIS TEST CODE]

CYTOLOGIE

- ☐ **Blood:** *complete blood count (1 unstained smear)* **[FS]**
- ☐ **Bone marrow:** *Bone marrow aspirate (4 -6 unstained slides)* **[MYELO]**
- ☐ **Lymph node:** *Adenogram (unstained smears)* **[ADENG]**
- ☐ **Other:** .....

IMMUNOLOGICAL TYPING [IPHEN]

☐ **Blood** ☐ **Bone marrow** ▶ *1 EDTA tube + 1 unstained smear + CBC-platelets report*

Additional information: .....

NB: for immunophenotyping of peripheral blood monocytes and CLL MRD, please ensure a maximum pre-analytical delay of 48 hours and collect blood samples only on Monday, Tuesday and Wednesday.

NB2: for quantitative immune test, please refer to the test guidelines ([CD48], [B1], [NK]). Do not use this test request form.

CYTOGENETIC

☐ **Blood:** *(1 Heparin tube)* ☐ **Bone marrow:** *(1 Heparin tube)* ☐ **Lymph node** ☐ **Conventional (karyotype) [MOHC1]**

☐ **Molecular (FISH) [MOHC2]** - *Please specify (List of FISH probes overleaf*):* .....

MOLECULAR BIOLOGY

☐ **Blood:** *(1 EDTA tube)* ☐ **Bone marrow:** *(1 EDTA tube)* ☐ **Other:** .....

MYELOID MALIGNANCIES: MPN, MPN-MDS, MDS AND AML

- ☐ **Qualitative BCR-ABL** *(diagnosis)* **[BCR]**
- ☐ **Quantitative BCR-ABL** *(follow-up)* **[BCRQ]**
- ☐ **ABL tyrosine kinase domain mutation** *(TKI resistance)* **[ABLR]**
- ☐ **JAK2 V617F** *(RT-PCR)* **[JAK2]**
- ☐ **Mastocytosis NGS panel [MYSKT] - 4 genes**
  KIT/ASXL1/SRSF2/RUNX1.
- ☐ **UBA1 (NGS) [UBA1]**
- ☐ **"Myeloproliferative Neoplasms (MPN) – Diagnosis" NGS panel [MYSDG] - 8 genes** *ASXL1/JAK2/CALR/MPL/CSF3R/SF3B1/SETBP1/ETNK1.*
- ☐ **"Myeloproliferative Neoplasms (MPN) - Diagnosis/Prognosis" NGS Panel [MYSDP] - 27 genes**
  ASXL1/CALR/CBL/CSF3R/DNMT3A/ETNK1/ETV6/EZH2/GATA2/IDH1/IDH2/JAK2/KIT/KRAS/MPL/NPM1/NRAS/PTPN11/RUNX1/SETBP1/SF3B1/SRSF2/STAG2/TET2/TP53/U2AF1/ZRSR2.
- ☐ **"CMML" NGS panel [MYSMO] - 23 genes**
  ASXL1/BCOR/CALR/CBL/DNMT3A/EZH2/FLT3/IDH1/IDH2/JAK2/KRAS/MPL/NF1/NPM1/NRAS/RUNX1/SETBP1/SF3B1/SRSF2/TET2/TP53/U2AF1/ZRSR2.
- ☐ **"MDS" NGS panel [MYSMD] - 41 genes**
  ASXL1/BCOR/BCORL1/BRAF/CALR/CBL/CEBPA/CSF3R/DNMT3A/ETNK1/ETV6/EZH2/FLT3/GATA2/GNB1/HRAS/IDH1/IDH2/JAK2/KIT/KMT2AMLL/KRAS/MPL/NF1/NPM1/NRAS/PHF6/PPM1D/PRPF8/PTPN11/RUNX1/SETBP1/SF3B1/SRSF2/STAG2/TET2/TP53/UBA1/U2AF1/WT1/ZRSR2.
- ☐ **"AML" NGS panel [MYSLA] - 41 genes**
  ASXL1/BCOR/BCORL1/BRAF/CALR/CBL/CEBPA/CSF3R/DNMT3A/ETNK1/ETV6/EZH2/FLT3/GATA2/GNB1/HRAS/IDH1/IDH2/JAK2/KIT/KMT2AMLL/KRAS/MPL/NF1/NPM1/NRAS/PHF6/PPM1D/PRPF8/PTPN11/RUNX1/SETBP1/SF3B1/SRSF2/STAG2/TET2/TP53/UBA1/U2AF1/WT1/ZRSR2.
- ☐ **Other:** .....

LYMPHOID MALIGNANCIES (B-NHL & T-NHL) AND MYELOMA

- ☐ **"CLL - Treatment and resistance mutations" NGS panel [LLCTR] - 10 genes**
  TP53/BTK/PLCG2/BCL2/CARD11/SF3B1/EP300/BAX/NOTCH1/MCL1.
- ☐ **IG-HV** *(NGS)* **[IGVH]**
- ☐ **"CLL - Diagnosis, Prognosis and Treatment" NGS panel [LLC] - 28 genes**
  ARID1A/ATM/BAX/BCL2/BCOR/BIRC3/BRAF/BTK/CARD11/EGR2/EP300/FBXW7/HRAS/KRAS/MAP2K1/MCL1/MGA/MYD88/NFKBIE/NOTCH1/NRAS/PLCG2/POT1/RPS15/SAMHD1/SF3B1/TP53/XPO1.
- ☐ **"Lymphoplasmacytic lymphoma - Waldenström" NGS panel [LPWAL] - 10 genes**
  MYD88/CXCR4/ARID1A/CD79A/CD79B/NOTCH2/TP53/BTK/PLCG2/CARD11.
- ☐ **"Hairy cell leukemia" NGS panel [BRAF] 6 genes** *BRAF/BCOR/KLF2/MAP2K1/NOTCH1/NOTCH2.*
- ☐ **TP53 Myeloma** *(NGS)* **[MMP53]**
- ☐ **"B-Non Hodgkin lymphoma" NGS panel [LNHB] - 45 genes**
  ARID1A/ATM/B2M/BAX/BCL2/BCOR/BIRC3/BRAF/BTK/CARD11/CD79A/CD79B/CREBBP/CXCR4/EGR2/EP300/EZH2/FBXW7/FOXO1A/GNA13/HRAS/KLF2/KRAS/MAP2K1/MCL1/MEF2B/MGA/MYC/MYD88/NFKBIE/NOTCH1/NOTCH2/NRAS/PIM1/PLCG2/POT1/RPS15/SAMHD1/SF3B1/SOCS1/STAT6/TNFAIP3/TNFRSF14/TP53/XPO1.
- ☐ **B-clonality [CLONB]**

- ☐ **T-clonality [CLONT]**
- ☐ **"T-Non Hodgkin lymphoma" NGS panel [LNHT] - 19 genes**
  ARID1A/ATM/BCOR/CARD11/CD28/DNMT3A/EP300/FBXW7/IDH2/JAK2/JAK3/MGA/NOTCH1/PLCG1/RHOA/STAT3/STAT5B/TET2/TP53.

Using a PAXgene tube

B8-INTGB - March 2026

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REQUIRED TESTS AND SAMPLE TYPES (CONTINUED...)

PHARMACOGENETICS ☑ **Blood:** *(1 EDTA tube)*

☐ **Study of pharmacogenes involved in response/tolerance to thiopurines and supportive care**
(French Haute Autorité de Santé guidelines, July 2025) [EPGX]
Please attach to the request the consent form reference D43, completed and signed by the patient and the prescribing doctor.

Sample date: |__|__| |__|__| |__|__|__|__|

☐ **Other analysis :** .....

CLINICAL DETAILS (Essential for testing)

DIAGNOSTIC

☐ **MYELOPROLIFERATIVE NEOPLASMS**
- ☐ CML
- ☐ Polycythaemia vera
- ☐ Essential thrombocythaemia
- ☐ Primitive Myelofibrosis
- ☐ Other :.....

☐ **MYELOPROLIFERATIVE NEOPLASMS / MYELODYSPLASTIC SYNDROME**
- ☐ Chronic myelomonocytic leukemia (CMML)
- ☐ Other:.....

☐ **MYELODYSPLASTIC SYNDROME**

Please specify: .....

☐ **ACUTE LEUKEMIA**
- ☐ ALL sub type .....
- ☐ AML sub type .....

☐ **B AND T - NON HODGKIN LYMPHOMA**
- ☐ CLL
- ☐ Hairy cell leukemia
- ☐ Others B-NHL: .....
- ☐ T-NHL: .....
- ☐ Lymphoma extension assessment : .....

☐ **MYELOMA:** Plasmocyte selection is performed according to the following data which MUST be provided:
% of medullary plasmocytes ……%
Screening profile of monoclonal gammopathy (DPIC, IF, B2µ, Ca) to be provided.

☐ **OTHER** .....

FOLLOW-UP Please specify the disease .....
Please specify the treatment .....

NB : The immunophenotyping methods used are not adapted to test for residual disease or post-therapeutic MRD (sensitivity is approximately 0.5%)

RELAPSE Please specify the diagnosis .....
Please specify the initial karyotype result .....

OTHER .....

ADDITIONAL RESULTS TO BE SUPPLIED IF ALREADY PERFORMED, (by fax or to be sent along with the request form)

☐ **Immunophenotyping result**
(essential for lymphoproliferative disorders and ALL)

☐ **Bone marrow count**

☐ **Full blood count and platelet count**
these results must be supplied below:

FBC-platelet count from (date):
|__|__| |__|__| |__|__|

Hb .....
MCV .....
Platelets .....
WBC.....

PN .....
PEo .....
PBaso .....
Lympho .....
Mono .....
Myelemia .....
Blast cells .....

ADDITIONAL CLINICAL DETAILS

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*** List of available FISH probes:** 1p1q (CDKN2/CSK1B), ALK, BCL6, BCR/ABL, CBFB, CEP6/6q21-6q23, CEP7/D7S486 (CEP7/del(7q)), CEP8, CEPX/CEPY, C-MYC, D13S319/CEP12, D20S318 (del(20q)), EGR1/D5S21 (-5/del(5q)), ETV6 (TEL DC), ETV6/RUNX1 (TEL/AML1), EVI1 (MECOM), FGFR1/CEP8, FIP1L1/PDGFRA, IGH (IGH DC), IGH/BCL2, IGH/CCND1, IGH/FGFR3, IGH/MAF, JAK2, MALT1, MLL (KMT2A), MYB/SEC63/CEP6, NUP98, p16/CEP9, PDGFRB, PML/RARA, RARA DC, RUNX1/RUNX1T1 (ETO/AML1), TCF3/PBX1 (E2A/PBX1), TCR Alpha/Delta, TP53/ATM, TP53/CEP17.

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