

Hematopathology, Molecular, and Flow Cytometry Requisition



4142 South Mingo Road, Tulsa, OK. 74146
(918) 417-6400 Fax (918) 416-0506

PATIENT INFORMATION (Please Provide All Information)				
LAST NAME (Please Print Legibly)		FIRST	MIDDLE	PATIENT MRN.
ORDERING PROVIDER		DOCTOR PHONE NUMBER		SEX M <input type="checkbox"/> F <input type="checkbox"/>
				DATE OF BIRTH [MM / DD / YYYY]
ORDERING PROVIDER SIGNATURE				

X:

COLLECTION DATE:	Specimen Information	<input type="checkbox"/> Bone marrow and blood	<input type="checkbox"/> Body fluid: Type _____	<input type="checkbox"/> Case No: _____
TIME: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		<input type="checkbox"/> Peripheral blood	<input type="checkbox"/> Tissue: Type _____	<input type="checkbox"/> Prior Case No: _____

Note: Ordered tests may not be performed if appropriate diagnostic or pathologic codes are not submitted. Most cytogenetic, flow cytometry, FISH and molecular tests require pre-authorization obtained by ordering clinician for coverage. If there is no pre-authorization, an ABN form may be required to perform testing.

Clinical Findings or History **ICD10 codes (must have appropriate codes for testing):** _____

Working diagnoses/concerns _____

Evaluation requested <input type="checkbox"/> Complete Bone marrow and peripheral blood evaluation (including flow cytometry, cytogenetics, FISH and molecular studies if indicated per pathologist findings and clinical concern) <input type="checkbox"/> Hemepath Consult (CBC and Pathologist report of findings) <input type="checkbox"/> HemePath Consult with Client Submitted CBC <input type="checkbox"/> Tissue or fluid morphologic assessment: Type _____	Flow Cytometry <input type="checkbox"/> Screening panel (blasts, lymphocytes, myeloid cells (expand if needed) <input type="checkbox"/> T and B cell disorder/lymphoma panel (expand if needed) <input type="checkbox"/> Plasma cell neoplasm/myeloma <input type="checkbox"/> Acute leukemia panel <input type="checkbox"/> PNH Panel
<input type="checkbox"/> Microbiology Cultures - <input type="checkbox"/> Anaerobic <input type="checkbox"/> Aerobic <input type="checkbox"/> Fungus <input type="checkbox"/> AFB (Note: Molecular testing recommended for viral infection evaluation, not viral cultures)	

Cytogenetic/molecular testing

<input type="checkbox"/> Chromosomal karyotype analysis (blood, bone marrow)	Acute lymphoblastic leukemia/ALL/Lymphoma/LPDs/Plasma cell neoplasms <input type="checkbox"/> FISH: BCR/ABL, t(9;22) <input type="checkbox"/> FISH: BCR/ABL with reflex testing for BCR-ABL-like <input type="checkbox"/> FISH: 11q23 (MLL/KMT2A) Rearrangement <input type="checkbox"/> FISH: t(12;21) ETV/RUNX1 <input type="checkbox"/> PCR: BCR/ABL t(9;22), quantitative
Myeloid Neoplasms/myeloproliferative/AML <input type="checkbox"/> NGS Panel, myeloid disorders <input type="checkbox"/> FISH: PML/RARA, t(15;17) for Acute Promyelocytic Leukemia <input type="checkbox"/> FISH: 11q23 (MLL/KMT2A) Rearrangement <input type="checkbox"/> FISH: AML1/ETO, t(8,21) <input type="checkbox"/> FISH: CBFB, Inv(16), t(16;16) <input type="checkbox"/> FISH: BCR/ABL t(9;22) <input type="checkbox"/> FISH: Myeloid Disorder Panel (chromosomes 5, 7, 8, 20) <input type="checkbox"/> PCR: PML/RARA t(15;17), Quantitative <input type="checkbox"/> PCR: CEBPA Mutation <input type="checkbox"/> PCR: FLT3 Mutations (ITD) <input type="checkbox"/> PCR:RUNX1 Mutation <input type="checkbox"/> PCR:KIT Mutation <input type="checkbox"/> PCR: NPM1 (Exon 12) Mutation <input type="checkbox"/> PCR: IDH1/IDH2 Mutation <input type="checkbox"/> PCR:TP53 Mutation <input type="checkbox"/> PCR: JAK2 V617F Mutation <input type="checkbox"/> MPN Molecular Panel including JAK2 exon 12, MPL, CALR (only performed if negative for JAK2 V617F) <input type="checkbox"/> FISH: CHIC2 deletion (FIP1L1-PDGFRFA) 4q12 PDGFRB and FLP1 (rearrangements will be detected by chromosomal karyotypic analysis)	Lymphoma, LPDs, and Plasma cell neoplasm <input type="checkbox"/> FISH: IGH/MAF fusion; TP53/17 cep loci: CKS1/CDKN2C loci <input type="checkbox"/> FISH: B-Cell CLL Panel [+12, del13q14.3, del 13q34, del17p13.1, del11q22.3] <input type="checkbox"/> FISH: Mantle Cell Lymphoma CCND1/IGH t(11;14) <input type="checkbox"/> FISH: Follicular Lymphoma IGH/BCL2 t(14;18) <input type="checkbox"/> FISH: Burkitt Lymphoma, MYC/IGH t(8;14) <input type="checkbox"/> FISH: MYC, 8q24 Rearrangement <input type="checkbox"/> FISH: MYC w/ reflex to BCL2 (18q21), and BCL6 (3q27) <input type="checkbox"/> PCR: Mantle Cell Lymphoma, CCND1/IGH t(11;14) <input type="checkbox"/> PCR: B-Cell (IgH, Heavy Chain) Gene Rearrangement <input type="checkbox"/> PCR: T-Cell Receptor (TCR) Gene Rearrangement
	Solid Tumor, Molecular Testing <input type="checkbox"/> Lung Panel NGS <input type="checkbox"/> Melanoma Panel NGS <input type="checkbox"/> Solid Tumor Panel NGS <input type="checkbox"/> Colon Panel NGS <input type="checkbox"/> PDL-1 (22C3 IHC with Tumor Proportion Score (TPS) Keytruda <input type="checkbox"/> PDL-1 (22C3 IHC with Combined Positive Score (CPS) Keytruda <input type="checkbox"/> PDL-1 (28-8 pharmDX by IHC w/interp Opdivo) <input type="checkbox"/> PDL-1 (SP263 IHC with Tumor Proportion Score (TPS) Tecentriq and cemiplimab-rwlc Libtayo <input type="checkbox"/> MMR by IHC