



COMPREHENSIVE HEMATOPATHOLOGY REQUISITION
Morphology | Flow Cytometry | Cytogenetics | FISH | Molecular

University of Iowa Diagnostic Laboratories
Department of Pathology
200 Hawkins Drive, 5231 RCP
Iowa City, IA 52242
Client Services Toll Free: (866) 844-2522
Client Services Local: (319) 384-7212
Client Services Fax: (319) 384-7213

REQUIRED INFORMATION IN RED

| CLIENT INFORMATION | | | | | |
|---------------------------|--|------------------------|--|--------------|--|
| Referring Institution: | | | | UIDL Client: | |
| Requisition Completed By: | | Date: | | | |
| Address: | | | | | |
| City: | | State: | | Zip Code: | |
| Phone: | | Fax: | | | |
| Treating Physician: | | Referring Pathologist: | | | |

| PATIENT INFORMATION | | | | | |
|---------------------|-------------------------------|---------------------------------|-------------|-------------|--|
| Last Name: | | | | First Name: | |
| Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Birth Date: | | |
| Address: | | | | Phone: | |
| City: | | State: | | Zip Code: | |

BILLING INFORMATION **The UIDL only accepts one billing directive**

The below link details important information to review before selecting a billing option and submitting a specimen to the UIDL for testing.

<https://uidl.medicine.uiowa.edu/billing>

| Direct Bill | | | |
|--|--|---|--|
| Referring Institution (Client) | | | |
| Patient's Insurance | | | |
| <i>Provide complete and valid information or referring institution may be billed</i> | | | |
| On date of collection, was your patient: | | | |
| <input type="checkbox"/> Hospital Inpatient | <input type="checkbox"/> Hospital Outpatient | <input type="checkbox"/> Non-Hospital Patient | |
| Patient (Self-Pay) | | | |
| <i>Only available to Iowa residents without insurance—Prepayment not required.</i> | | | |
| Prepayment Required | | | |
| <input type="checkbox"/> Non-Iowa Resident with non-Iowa Medicaid or no insurance | | | |

| CLINICAL INFORMATION (Please attach supporting documentation—including recent CBC results) | | | | | | |
|--|--------------|----|------------------------|----|--------------|----|
| Diagnosis/ICD-10 Code(s): | 1. | 2. | 3. | 4. | 5. | 6. |
| Clinical History: | | | | | | |
| Phase: | Chronic | | Acute | | Blastic | |
| Diagnosis: | Stage: _____ | | New Diagnosis | | MRD | |
| | Monitoring | | Relapse | | Progression | |
| Treatment: | Untreated | | Current Therapy: _____ | | | |
| Prior Therapy: | Rituxan | | Gleevec | | Mylotarg | |
| Velcade | Chemo | | Radiation | | Sprycel | |
| GCSF | GMCSF | | EPO | | Tasigna | |
| Other (Please specify): | | | | | | |
| Bone Marrow Transplant: | Autologous | | Allogenic | | Sex Mismatch | |
| Donor Gender: | Male | | Female | | | |

| SPECIMEN INFORMATION (Record all specimens submitted) | | | | |
|---|----------------|-----------------|--------------------------|--|
| Collection Date (MM/DD/YY): | | | Collection Time (HH:MM): | |
| Body Site: | | | | |
| Bone Marrow Biopsy: | Core #: | Clot #: | | |
| Bone Marrow Aspirate: | Green Top #: | Lavender Top #: | Yellow Top #: | |
| Peripheral Blood: | Green Top #: | Lavender Top #: | Yellow Top #: | |
| Smears: | Air Dried #: | Fixed #: | | |
| Fluid: | CSF #: | Pleural #: | BAL #: | |
| Fresh Tissue: | Solid Tumor #: | Lymph Node #: | | |
| FFPE Tissue: | Block(s) #: | Slide(s) #: | Source: | |
| Other*, please specify: | | | | |

* **Nucleic acid (NA) extract**—before ordering testing, please review <https://uidl.medicine.uiowa.edu/nucleic-acid-extracts> for UIDL compliance requirements, and contact the laboratory for additional specimen details (e.g., concentration, elution buffer, transport instructions, etc.) and approval. UIDL may accept NA extract provided it is: 1) an acceptable specimen type; and 2) isolated in a CLIA-certified laboratory or a laboratory meeting equivalent requirements prescribed by the Centers of Medicare and Medicaid Services (CMS). **REQUIREMENT:** A valid copy of your institution's CLIA certificate, or certificate recognized by CMS.



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| TEST MENU | |
|-----------------|--|
| CONSULT: | Morphology, flow cytometry, and chromosome analysis performed. IHC, FISH, and/or molecular testing possible at the discretion of the pathologist. For individual orders, please select applicable testing from the following: |

| IHC | | | |
|-----------|-------------|-----------------------------|------------|
| Tech Only | Tech & Prof | IHC MMR w/reflex to PCR MSI | Other IHC: |

| ISH | | | |
|-----------|-------------|------------|--|
| Tech Only | Tech & Prof | Other ISH: | |

| FLOW CYTOMETRY | | | |
|---|---------|---|---------|
| Evaluate Hematolymphoid Malignancy: | | Blood (LAB8255) Bone Marrow (LAB8284) Other (LAB8254) | |
| Acute Leukemia / Lymphoblastic Lymphoma | | Mast Cell | |
| AML MRD | | Plasma Cell Neoplasms: | |
| BALL MRD | | Has the patient received Daratumumab therapy? | Yes No |
| Chronic Lymphocytic Leukemia / B-cell Lymphoma / Mature T-cell Lymphoma | | TALL | |
| Screening for Leukemia / Lymphoma / MDS | | T-cell Lymphoproliferative Disorder / Large Granular Lymphocytic Leukemia | |
| Quantitative—Blood Only: Must be collected with Pink top EDTA tube and processed within 24 hours of collection. | | | |
| Autoimmune Lymphoproliferative Syndrome ² | LAB9411 | Common Variable Immunodeficiency (CVID) ^{2,3,4} | |
| CD4:CD8 Ratio— BAL Only | LAB8254 | CVID Panel | LAB9400 |
| Rituximab Panel ² | LAB9412 | CVID WITH MEM-B | LAB9405 |
| Sezary Panel | LAB9582 | CVID + RA/RO | LAB9404 |
| TBNK Immunophenotyping | LAB9383 | CVID + MEMB + RA/RO | LAB9406 |
| Paroxysmal Nocturnal Hemoglobinuria (PNH) ^{1,2} | LAB9767 | | |
| CD4 Lymphocytes— Blood Only ^{4,5} | LAB1280 | Fetal Erythrocyte Quantitation— Blood Only ⁶ | LAB292 |
| <ol style="list-style-type: none"> Must be processed within 24 hours of collection. REQUIRED: Submit a normal control sample in parallel to monitor transport conditions that may affect sample integrity. Control sample will be run at no charge. A CBC with automated differential must be ordered and a 3.0 mL lavender top tube sent room temperature. Alternatively, send results from CBC with automated differential testing performed the day before or the day of shipment. | | <ol style="list-style-type: none"> Testing not performed on weekends and holidays. Plan accordingly. Friday or pre-holiday collections must be received by lab before 1:00 PM CST. Must be collected with EDTA tube and processed within 48 hours of collection. Must be collected with EDTA tube and processed within 30 hours of collection. | |

| CYTOGENETICS | |
|---------------------|---------|
| Chromosome Analysis | LAB8256 |

| FISH | | PROCESS & HOLD: | |
|---|--|--|--|
| <i>All FISH probes listed can be ordered individually or as a part of a predetermined panel</i> | | LAB8258 | |
| Acute Lymphocytic Leukemia (ALL) | | Non-Hodgkin's Lymphoma (NHL) | |
| B-ALL Pediatric/Adult | | <i>Includes: BCL6, CCND1/IgH, IgH/BCL2, MALT1, MYC</i> | |
| <i>Includes: WHS/CEP4, ABL1/BCR, p16/CEP9, CEP10/PEN, MLL(KMT2A), ETV6/RUNX1, CRLF2</i> | | Myeloproliferative Neoplasms (MPN) | |
| T-Cell Disorders | | <i>Includes: ABL1/BCR, CHIC2, FIP1L1, FGFR1, PDGFRa, PDGFRb</i> | |
| <i>Includes: ALK, D7S522 [7q31], MYC, MLL(KMT2A), p16/CEP9, TCR</i> | | Myeloid Disorders (AML/MDS) | |
| Aneuploidy Screen (AneuVysion) | | <i>Includes: CBFb, D7S522 [-7/7q-], EGR1[-5/5q-], MECOM, MLL(KMT2A), P53, PML/RARA, RNX1/RUNX1T1</i> | |
| <i>Includes: CEPX/Y/18, LSI13/21 [X/Y/13/18/21]</i> | | Multiple Myeloma (MM) w/CD138 enrichment | |
| Chronic Lymphocytic Leukemia (CLL) | | <i>Includes: CCND1 XT/IgH, CCND3/IgH, CKS1B/p18 [1q21/1p32], D13S319/13q34 [-13/13q-], FGFR3/IgH, IgH, IgH/MAF, IgH/MAFB, p53/CEP10*, TAS2R1/CEP9/CEP15 [5p15.31/9CEN/15CEN]</i> | |
| <i>Includes: ATM/p53, CEP12/D13S319/LAMP1 [+12/13q-], MYB/CEP6, CCND1/IgH</i> | | <i>Reflex probes if IgH BAP is abnormal</i> | |
| Chronic Myelogenous Leukemia (CML) | | Other: | |
| <i>Includes: ABL1/BCR [9q34/22q11.2]</i> | | | |

| MOLECULAR | | PROCESS & HOLD: | |
|--|-------------------|---|-------------------|
| ABL1 TKI Resistance Mutation Detection ^{†, RNA} | LAB8915 LAB8919 | FLT3/NPM1 | LAB5732 LAB7865 |
| AML Panel | LAB9075 | JAK2 Exons 12, 13, and 14, V617F [†] | LAB2472 LAB8031 |
| <i>Includes: ANKRD26, ASXL1, BCOR, BRAF, CBL, CEPBA, DDX41, DNMT3A, EZH2, FLT3, GATA2, HRAS, IDH1, IDH2, JAK2, KIT, KMT2A (MLL), KRAS, NF1, NPM1, NRAS, PHF6, PPM1D, PTEN, PTPN11, RUNX1, SETBP1, SF3B1, SRSF2, STAG2, TET2, TP53, U2AF1, WT1, ZRSR2</i> | | Leukemia RNA Fusion Detection ^{†, RNA} | LAB8916 |
| IGH Gene Clonality by PCR with Interpretation | LAB9865 | Myeloproliferative Neoplasia Panel [†] | LAB8429 |
| BCR/ABL t(9;22) ^{†, RNA} | LAB7393 LAB7774 | <i>Includes: JAK2, CALR, and MPL</i> | |
| BRAF/RAS Panel | LAB8092 | MPL Codon 515W [†] | LAB8118 LAB8119 |
| CALR [†] | LAB8078 LAB8077 | MYD88 Exon 5 | LAB9895 |
| CEBPA [†] | LAB7399 LAB7407 | Ph-like ALL RNA Gene Fusion ^{†, RNA} | LAB8912 |
| | | PML/RARA t(15;17) ^{†, RNA} | LAB9020 |
| | | TRG Gene Clonality by PCR with Interpretation | LAB9866 |
| | | TP53 | LAB8967 |

[†] Refrigerate (may not pertain to NA extracts)
^{RNA} Due to RNA lability, draw Monday-Thursday only



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| SPECIMEN REQUIREMENTS | | | |
|---|--|--|--|
| Testing | Specimen Source | Specimen Source | Shipping |
| Comprehensive Hematopathology Consultation | Bone Marrow <i>OR</i> Peripheral Blood | (1) Yellow top (ACD Solution) tube, 3.0-5.0 mL (1) Green top (Na Heparin) tube, 3.0-5.0 mL* (1) Lavender top (EDTA) tube, 3.0-5.0 mL Unfixed, air-dried bone marrow aspirate preparations (4-8) Smears <i>AND</i> recent CBC results (1) Core biopsy, >1.0 cm in length in formalin (10 cc vial) (1) Clot, >1.0 cm in length in formalin (10 cc vial) * Include (1) additional green top (Na Heparin) tube for myeloma FISH | Room Temperature |
| | Bone Marrow <i>OR</i> Peripheral Blood | Lymphoma / Leukemia Panels: (1) Yellow top (ACD Solution) tube, 3.0-5.0 mL <i>Alternatives: Green top (Na Heparin) OR Lavender top (EDTA) tube</i> Quantitative Testing: Must be processed within 24 hours of collection. (1) Pink top (EDTA) tube, 3.0-5.0 mL | Room Temperature |
| Flow Cytometry | Core Biopsy <i>OR</i> Tissue | Fresh RPMI cell media vial | Room Temperature |
| | Bone Marrow <i>OR</i> Peripheral Blood | (1) Green top (Na Heparin) tube, 3.0-5.0 mL <i>Include (1) additional green top (Na Heparin) tube for myeloma FISH</i> | Room Temperature |
| Cytogenetics & FISH | Tissue | Fresh RPMI cell media vial Archival Formalin-fixed, paraffin embedded | Room Temperature |
| | Bone Marrow <i>OR</i> Peripheral Blood | (1) Lavender top (EDTA) tube, 3.0-5.0 mL | Room Temperature unless test is annotated with "+", then REFRIGERATE |
| Molecular | Tissue | Fresh RPMI cell media vial Archival Formalin-fixed, paraffin embedded | Room Temperature unless test is annotated with "+", then REFRIGERATE |
| | <p>Before ordering testing, please review https://uidl.medicine.uiowa.edu/nucleic-acid-extracts for UIDL compliance requirements, and contact the laboratory for additional specimen details (e.g., concentration, elution buffer, transport instructions, etc.) and approval.</p> <p>UIDL may accept NA extract provided it is: 1) an acceptable specimen type; and 2) isolated in a CLIA-certified laboratory or a laboratory meeting equivalent requirements prescribed by the Centers of Medicare and Medicaid Services (CMS).</p> <p>REQUIREMENT: A valid copy of your institution's CLIA certificate, or certificate recognized by CMS.</p> | | |