



**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.		
<a href="https://uidl.medicine.uiowa.edu/billing">https://uidl.medicine.uiowa.edu/billing</a>		

Direct Bill		
<b>Referring Institution (Client)</b>		
<b>Patient's Insurance</b>		
<i>Provide complete and valid information or referring institution may be billed</i>		
<b>On date of collection, was your patient:</b>		
<input type="checkbox"/> Hospital Inpatient	<input type="checkbox"/> Hospital Outpatient	<input type="checkbox"/> Non-Hospital Patient
<b>Patient (Self-Pay)</b>		
<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		Radiation		Sprycel	
	GCSF		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	
<b>CONSULT:</b>	Morphology, flow cytometry, and chromosome analysis performed. IHC, FISH, and/or molecular testing possible at the discretion of the pathologist. <b>For individual orders, please select applicable testing from the following:</b>

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

ISH			
Tech Only	Tech & Prof	Other ISH:	

FLOW CYTOMETRY			
<b>Evaluate Hematolymphoid Malignancy:</b>		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	
<b>Quantitative—Blood Only: Must be collected with Pink top EDTA tube and processed within 24 hours of collection.</b>			
Autoimmune Lymphoproliferative Syndrome <sup>2</sup>	LAB9411	Common Variable Immunodeficiency (CVID) <sup>2,3,4</sup>	
CD4:CD8 Ratio— <b>BAL Only</b>	LAB8254	CVID Panel	LAB9400
Rituximab Panel <sup>2</sup>	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) <sup>1,2</sup>	LAB9767		
CD4 Lymphocytes— <b>Blood Only</b> <sup>4,5</sup>	LAB1280	Fetal Erythrocyte Quantitation— <b>Blood Only</b> <sup>6</sup>	LAB292
1. Must be processed within 24 hours of collection. 2. <b>REQUIRED:</b> Submit a normal control sample in parallel to monitor transport conditions that may affect sample integrity. Control sample will be run at no charge. 3. 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.		4. Testing not performed on weekends and holidays. Plan accordingly. Friday or pre-holiday collections must be received by lab before 1:00 PM CST. 5. Must be collected with EDTA tube and processed within 48 hours of collection. 6. 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	
<b>Acute Lymphocytic Leukemia (ALL)</b>		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 <sup>†, RNA</sup>	LAB8915   LAB8919	FLT3/NPM1	LAB5732   LAB7865
AML Panel	LAB9075	JAK2 Exons 12, 13, and 14, V617F <sup>†</sup>	LAB2472   LAB8031
<i>Includes: ANKRD26, ASXL1, BCOR, BRAF, CBL, CEBA, 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 <sup>†, RNA</sup>	LAB8916
IGH Gene Clonality by PCR with Interpretation	LAB9865	Myeloproliferative Neoplasia Panel <sup>†</sup>	LAB8429
BCR/ABL t(9;22) <sup>†, RNA</sup>	LAB7393   LAB7774	<i>Includes: JAK2, CALR, and MPL</i>	
BRAF/RAS Panel	LAB8092	MPL Codon 515W <sup>†</sup>	LAB8118   LAB8119
CALR <sup>†</sup>	LAB8078   LAB8077	MYD88 Exon 5	LAB8462   LAB8463
CEBPA <sup>†</sup>	LAB7399   LAB7407	Ph-like ALL RNA Gene Fusion <sup>†, RNA</sup>	LAB8912
		PML/RARA t(15;17) <sup>†, RNA</sup>	LAB9020
		TRG Gene Clonality by PCR with Interpretation	LAB9866
		TP53	LAB8967

<sup>†</sup> Refrigerate (may not pertain to NA extracts)  
<sup>RNA</sup> 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	<b>(1)</b> Yellow top (ACD Solution) tube, 3.0-5.0 mL <b>(1)</b> Green top (Na Heparin) tube, 3.0-5.0 mL* <b>(1)</b> Lavender top (EDTA) tube, 3.0-5.0 mL Unfixed, air-dried bone marrow aspirate preparations <b>(4-8)</b> Smears <i>AND</i> recent CBC results <b>(1)</b> Core biopsy, >1.0 cm in length in formalin (10 cc vial) <b>(1)</b> 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: <b>(1)</b> Yellow top (ACD Solution) tube, 3.0-5.0 mL <i>Alternatives: Green top (Na Heparin) OR Lavender top (EDTA) tube</i>  Quantitative Testing: <b>Must be processed within 24 hours of collection.</b> <b>(1)</b> 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	<b>(1)</b> 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	<b>(1)</b> 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
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