



## 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:	
Phone:		Fax:	
Treating Physician:		Referring Pathologist:	
		Zip Code:	

#### 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

Provide complete and valid information or referring institution may be billed

On date of collection, was your patient:

Hospital Inpatient

Hospital Outpatient

Non-Hospital Patient

##### Patient (Self-Pay)

Only available to Iowa residents without insurance—Prepayment not required.

#### Prepayment Required

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:		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:
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## ISH

Tech Only	Tech & Prof	Other ISH:
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## 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 /

TALL

Mature T-cell Lymphoma

T-cell Lymphoproliferative Disorder /

Screening for Leukemia / Lymphoma / MDS

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 <sup>2</sup>

LAB9411

Common Variable Immunodeficiency (CVID) <sup>2,3,4</sup>

CD4:CD8 Ratio—BAL Only

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—Blood Only <sup>4,5</sup>

LAB1280

Fetal Erythrocyte Quantitation—Blood Only <sup>6</sup>

LAB292

1. Must be processed within 24 hours of collection.

2. **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.

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:

All FISH probes listed can be ordered individually or as a part of a predetermined panel

LAB8258

### Acute Lymphocytic Leukemia (ALL)

B-ALL Pediatric/Adult

Includes: WHS/CEP4, ABL1/BCR, p16/CEP9, CEP10/PEN, MLL(KMT2A), ETV6/RUNX1, CRLF2

Non-Hodgkin's Lymphoma (NHL)

Includes: BCL6, CCND1/IgH, IgH/BCL2, MALT1, MYC

T-Cell Disorders

Includes: ALK, D7S522 [7q31], MYC, MLL(KMT2A), p16/CEP9, TCR

Myeloproliferative Neoplasms (MPN)

Includes: ABL1/BCR, CHIC2, FIP1L1, FGFR1, PDGFRa, PDGFRb

Aneuploidy Screen (AneuVysion)

Includes: CEPX/Y18, LSI13/21 [X/Y13/18/21]

Myeloid Disorders (AML/MDS)

Includes: CBFB, D7S522 [-7/7q-], EGR1[-5/5q-], MECOM, MLL(KMT2A), P53, PML/RARA, RNX1/RUNX1T1

Chronic Lymphocytic Leukemia (CLL)

Includes: ATM/p53, CEP12/D13S319/LAMP1 [+12/13q-], MYB/CEP6, CCND1/IgH

Multiple Myeloma (MM) w/CD138 enrichment

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]  
Reflex probes if IgH BAP is abnormal

Chronic Myelogenous Leukemia (CML)

Includes: ABL1/BCR [9q34/22q11.2]

Other:

## MOLECULAR

### PROCESS & HOLD:

ABL1 TKI Resistance Mutation Detection<sup>†</sup>, RNA

LAB8915 | LAB8919

FLT3/NPM1

LAB5732 | LAB7865

AML Panel

LAB9075

JAK2 Exons 12, 13, and 14, V617F<sup>†</sup>

LAB2472 | LAB8031

Includes: ANKRD26, ASXL1, BCOR, BRAF, CBL, CEBPA, 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

Leukemia RNA Fusion Detection<sup>†</sup>, RNA

LAB8916

Myeloproliferative Neoplasia Panel<sup>†</sup>

LAB8429

Includes: JAK2, CALR, and MPL

B-Cell IGH Gene Clonality

LAB8283 | LAB2471

MPL Codon 515W<sup>†</sup>

LAB8118 | LAB8119

BCR/ABL t(9;22)<sup>†</sup>, RNA

LAB7393 | LAB7774

MYD88 Exon 5

LAB8462 | LAB8463

BRAF/RAS Panel

LAB8092

Ph-like ALL RNA Gene Fusion<sup>†</sup>, RNA

LAB8912

CALR<sup>†</sup>

LAB8078 | LAB8077

PML/RARA t(15;17)<sup>†</sup>, RNA

LAB9020

CEBPA<sup>†</sup>

LAB7399 | LAB7407

T-Cell TRG Gene Clonality

LAB7360 | LAB8956

<sup>†</sup> Refrigerate (may not pertain to NA extracts)

RNA Due to RNA lability, draw Monday-Thursday only

TP53

LAB8967



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SPECIMEN REQUIREMENTS			
Testing	Specimen Source	Specimen Source	Shipping
Comprehensive Hematopathology Consultation	Bone Marrow OR 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 AND 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
	Flow Cytometry	Bone Marrow OR Peripheral Blood  Core Biopsy OR Tissue	<u>Lymphoma / Leukemia Panels:</u> (1) Yellow top (ACD Solution) tube, 3.0-5.0 mL <i>Alternatives: Green top (Na Heparin) OR Lavender top (EDTA) tube</i>  <u>Quantitative Testing:</u> <b>Must be processed within 24 hours of collection.</b> (1) Pink top (EDTA) tube, 3.0-5.0 mL  Fresh   RPMI cell media vial
Cytogenetics & FISH	Bone Marrow OR 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
	Tissue	Fresh   RPMI cell media vial Archival   Formalin-fixed, paraffin embedded	Room Temperature
Molecular	Bone Marrow OR Peripheral Blood	(1) Lavender top (EDTA) tube, 3.0-5.0 mL	Room Temperature unless test is annotated with "+", then REFRIGERATE
	Tissue	Fresh   RPMI cell media vial Archival   Formalin-fixed, paraffin embedded	
Nucleic Acid Extracts	Before ordering testing, please review <a href="https://uidl.medicine.uiowa.edu/nucleic-acid-extracts">https://uidl.medicine.uiowa.edu/nucleic-acid-extracts</a> 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).  <b>REQUIREMENT:</b> A valid copy of your institution's CLIA certificate, or certificate recognized by CMS.		