



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

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		
		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	Paroxysmal Nocturnal Hemoglobinuria (PNH)— Blood Only
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	Sezary Syndrome
Screening for Leukemia / Lymphoma / MDS	TALL
Mast Cell	T-cell Lymphoproliferative Disorder / Large Granular lymphocytic Leukemia

Quantitative—Blood Only: Collected with EDTA tube and processed within 24 hours of collection.

Autoimmune Lymphoproliferative Syndrome	LAB9411	Common Variable Immunodeficiency (CVID)*	
CD4:CD8 Ratio— BAL Only	LAB8254	CVID Panel	LAB9400
Rituximab Panel	LAB9412	CVID WITH MEM-B	LAB9405
TBNK Immunophenotyping	LAB9383	CVID + RA/RO	LAB9404
		CVID + MEMB + RA/RO	LAB9406
CD4 Lymphocytes— Blood Only**	LAB1280	Fetal Erythrocyte Quantitation— Blood Only***	LAB292

* A CBC with automated differential must be ordered and a 3.0 mL lavender top tube sent refrigerated.
Alternatively, send results from CBC with automated differential testing done the day before or the day of shipment.

** Collected with EDTA tube and processed within 48 hours of collection.

*** Collected with EDTA tube and processed within 30 hours of collection.

CYTOGENETICS

Chromosome Analysis	LAB8256
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FISH

PROCESS & HOLD:

All FISH probes listed can be ordered individually or as a part of a predetermined panel LAB8258

Acute Lymphocytic Leukemia (ALL)	Non-Hodgkin's Lymphoma (NHL)
B-ALL Pediatric/Adult	Includes: BCL6, CCND1/IgH, IgH/BCL2, MALT1, MYC
Includes: WHS/CEP4, ABL1/BCR, p16/CEP9, CEP10/PTEN, MLL(KMT2A), ETV6/RUNX1, CRLF2	Myeloproliferative Neoplasms (MPN)
T-Cell Disorders	Includes: ABL1/BCR, CHIC2, FIP1L1, FGFR1, PDGFRa, PDGFRb
Includes: ALK, D7S522 [7q31], MYC, MLL(KMT2A), p16/CEP9, TCR	Myeloid Disorders (AML/MDS)
Aneuploidy Screen (AneuVysion)	Includes: CBFB, D7S522 [-7/7q-], EGR1[-5/5q-], MECOM, MLL(KMT2A), P53, PML/RARA, RNX1/RUNX1T1
Includes: CEPX/Y/18, LSI13/21 [X/Y/13/18/21]	Multiple Myeloma (MM) w/CD138 enrichment
Chronic Lymphocytic Leukemia (CLL)	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]
Includes: ATM/p53, CEP12/D13S319/LAMP1 [+12/13q-], MYB/CEP6, CCND1/IgH	Reflex probes if IgH BAP is abnormal
Chronic Myelogenous Leukemia (CML)	Other:
Includes: ABL1/BCR [9q34/22q11.2]	

MOLECULAR

PROCESS & HOLD:

ABL1 TKI Resistance Mutation Detection [†] , RNA	LAB8915 LAB8919	JAK2 Reflex for Polycythemia [†]	LAB8540 LAB8542
AML Panel	LAB9075	If JAK2 V617F is negative, reflex to: JAK2 Exon 12, MPL	
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		JAK2 Exon 12 [†]	LAB8052 LAB8054
B-Cell IGH Gene Clonality	LAB8283 LAB2471	JAK2 V617F [†]	LAB2472 LAB8031
BCR/ABL t(9;22) [†] , RNA	LAB7393 LAB7774	Leukemia RNA Fusion Detection [†] , RNA	LAB8916
BRAF/RAS Panel	LAB8092	Myeloproliferative Neoplasia Panel [†]	LAB8429 LAB8430
CALR [†]	LAB8078 LAB8077	Includes: JAK2 V617F, JAK2 Exon 12, CALR, and MPL	
CEBPA [†]	LAB7399 LAB7407	MPL Codon 515W [†]	LAB8118 LAB8119
FLT3/NPM1	LAB5732 LAB7865	MYD88 Exon 5	LAB8462 LAB8463
JAK2 Reflex Essential Thrombocythemia [†]	LAB8541 LAB8543	Ph-like ALL RNA Gene Fusion [†] , RNA	LAB8912
If JAK2 V617F is negative, reflex to: CALR & MPL		PML/RARA t(15;17) [†] , RNA	LAB9020
		T-Cell TRG Gene Clonality	LAB7360 LAB8956
		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 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
	Bone Marrow OR Peripheral Blood	Lymphoma / Leukemia Panels: (1) Yellow top (ACD Solution) tube, 3.0-5.0 mL Alternatives: Green top (Na Heparin) OR Lavender top (EDTA) tube Quantitative Testing: Must be processed within 24 hours of collection. (1) Lavender top (EDTA) tube, 3.0-5.0 mL Alternative: Pink top (EDTA) tube, 3.0-5.0 mL	Room Temperature
Flow Cytometry	Core Biopsy OR Tissue	Fresh RPMI cell media vial	Room Temperature
	Bone Marrow OR Peripheral Blood	(1) Green top (Na Heparin) tube, 3.0-5.0 mL Include (1) additional green top (Na Heparin) tube for myeloma FISH	Room Temperature
Cytogenetics & FISH	Tissue	Fresh RPMI cell media vial Archival Formalin-fixed, paraffin embedded	Room Temperature
	Bone Marrow OR 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	
	Nucleic Acid Extracts	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.	