

COMPREHENSIVE HEMATOPATHOLOGY REQUISITION

Morphology • Flow Cytometry • Cytogenetics • FISH • Molecular

Client Services Toll Free: (866) 844-2522

Client Services Local: (319) 384-7212

Client Services Fax: (319) 384-7213

Billing Fax: (319) 356-0729

Patient Information (REQUIRED INFORMATION IN RED)

Patient Last Name:
Patient First Name:
Address:
City: State: Zip:
Phone: Fax:
Date of Birth: Gender: Male Female

Client Information

Requisition Completed By: Date:
Referring Institution:
Street:
City: State: Zip:
Phone: Fax:
Treating Physician:
Referring Pathologist:

Billing Information — NOTE: Claims can't be submitted to a Medicaid or BCBS Outside of Iowa

<input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Non-Hospital Inpatient
<input type="checkbox"/> Bill Insurance If the UIDL is out of network and there are no out of network benefits, or prior authorization is required by the payer but not obtained by referring client, or a 3 rd party claim is denied for medical necessity - the referring client will be responsible for all charges. The UIDL only balance bills patients directly - for residual patient responsibility - after a 3 rd party claim has been successfully adjudicated, not denied.
If testing does require prior authorization, input Authorization # here _____
Bill Client

Specimen Information

COLLECTION DATE: _____
COLLECTION TIME: _____ AM PM
BODY SITE: _____ CBC INCLUDED

 MINIMAL SPECIMEN WAS OBTAINED

PRIORITY: When minimal specimen is obtained, you **MUST** prioritize tests and indicate this by writing priority on requisition next to test name (ex: 1st, 2nd, 3rd)

Bone Marrow Biopsy: <input type="checkbox"/> Core <input type="checkbox"/> Clot
Bone Marrow Aspirate: Green Top <input type="checkbox"/> Purple Top <input type="checkbox"/> Yellow Top
Peripheral Blood: Green Top <input type="checkbox"/> Purple Top <input type="checkbox"/> Yellow Top
Smears: Air dried <input type="checkbox"/> Fixed
Fluid: CSF <input type="checkbox"/> Pleural <input type="checkbox"/> Broch Lav
Fresh Tissue: Solid Tumor <input type="checkbox"/> Lymph Node
Tissue: Blocks # _____ Slides # _____ Source _____

Clinical Information (REQUIRED IN RED)
DIAGNOSIS / ICD-10 CODE(s):
CLINICAL HISTORY:

PHASE: <input type="checkbox"/> Chronic <input type="checkbox"/> Acute <input type="checkbox"/> Blastic
DIAGNOSIS: <input type="checkbox"/> New Diagnosis <input type="checkbox"/> Progression <input type="checkbox"/> Monitoring <input type="checkbox"/> Relapse <input type="checkbox"/> MRD
TREATMENT: <input type="checkbox"/> Untreated <input type="checkbox"/> Current Therapy:
PRIOR THERAPY: <input type="checkbox"/> Rituxan <input type="checkbox"/> Gleevec <input type="checkbox"/> Mylotarg <input type="checkbox"/> Velcade <input type="checkbox"/> Chemo <input type="checkbox"/> Radiation <input type="checkbox"/> Sprycel <input type="checkbox"/> GCSF <input type="checkbox"/> GMCSF <input type="checkbox"/> EPO <input type="checkbox"/> Tassigna <input type="checkbox"/> Other (specify): _____

BONE MARROW TRANSPLANT:

<input type="checkbox"/> Autologous <input type="checkbox"/> Allogenic <input type="checkbox"/> Sex Mismatch
Donor Gender: Male Female

TEST MENU (check all that apply)

IHC: Tech <u>Only</u> Tech & Prof MMR (IHC) with Reflex to MSI (PCR) OTHER IHC: _____
ISH: Tech <u>Only</u> Tech & Pro Specify _____
See UIDL Test Directory for lists of IHC and ISH stains.

10 COLOR FLOW CYTOMETRY
Flow Cytometry Quantitative or to evaluate hematology malignancy?

Evaluate hematology malignancy
<input type="checkbox"/> SCREENING PANEL: Leukemia/Lymphoma/MDS
<input type="checkbox"/> Acute Leukemia/Lymphoblastic Lymphoma
<input type="checkbox"/> CD4:CD8 Ratio, Bronchial Lavage
<input type="checkbox"/> Chronic Lymphocytic Leukemia/B-Cell Lymphoma
<input type="checkbox"/> MRD <input type="checkbox"/> T Cell (TALL) <input type="checkbox"/> Myeloid (AML) <input type="checkbox"/> B Cell (BALL)
<input type="checkbox"/> Plasma Cell Neoplasms:
Has patient received Darzalex (Daratumumab) Therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sezary Syndrome
<input type="checkbox"/> T-Cell Lymphoproliferative Disorder/Large Granular Leukemia
<input type="checkbox"/> Total T, B, and NK Cell Lymphocytic Quantitation

Quantitative

<input type="checkbox"/> Acute Lymphoproliferative Syndrome (ALPS)
<input type="checkbox"/> Immunodeficiency Evaluation*
<input type="checkbox"/> Immunodeficiency Evaluation* with B Cell
<input type="checkbox"/> Subsets Rituximab Monitoring

CD4 Lymphocytes
Fetal Erythrocyte Quantitation

* For absolute quantitative results when ordering Immunodeficiency Evaluation, a CBC with Automated Differential testing must also be ordered and a 3.0 mL Lav top sent *refrigerated* with specimen for flow cytometry testing (transported room temperature) OR results must be sent from CBC with Automated Differential testing done the day before or on the day of shipment.

CYTOGENETICS **Chromosome Analysis**

<input type="checkbox"/> PROCESS & HOLD
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FISH PANEL * **PROCESS & HOLD**

*FISH probe(s) can be ordered individually or as part of a predetermined panel (see back panel listing).

<input type="checkbox"/> Acute Lymphocytic Leukemia B-cell <input type="checkbox"/> Multiple Myeloma (MM) with CD138 enrichment
<input type="checkbox"/> T-cell disorders
<input type="checkbox"/> Myeloid Disorders (AML/MDS) Panel <input type="checkbox"/> Myeloproliferative Disease/Imatinib Responsive Disease
<input type="checkbox"/> Aneuploidy Screen
<input type="checkbox"/> Chronic Lymphocytic Leukemia (CLL) FISH PROBE:
<input type="checkbox"/> Chronic Myelogenous Leukemia (CML) <input type="checkbox"/> BCR/ABL 1 t(9;22)
<input type="checkbox"/> Glioma <input type="checkbox"/> PML/RARA t(15;17)
<input type="checkbox"/> Lipomatous Neoplasms <input type="checkbox"/> RUNX1T1/RUNX1 t(8;21)
<input type="checkbox"/> Lymphoma - Non-Hodgkin's (NHL) <input type="checkbox"/> OTHER PROBE (see back panel)

MOLECULAR **PROCESS & HOLD**

ABL1 TKI Mutation†	JAK2 Exon 12 Mutation†
AML Panel (See below for list of genes*)	JAK2 V617F Mutation†
B-Cell IGH Gene Clonality	Leukemia RNA Fusion Detection†
BCR/ABL t(9;22)†	Myeloproliferative Neoplasm Panel†
BRAF/RAS PANEL (BRAF, NRAS, KRAS, HRAS)	<i>Includes: JAK2 V617F, JAK2 Exon 12, CALR, and MPL</i>
CALR (Calreticulin)†	MPL Codon 515W†
CEBPA Mutation†	MYD88 Exon†
CXCR4 Mutational Analysis	Ph-Like Mutation RNA† (ABN)
FLT3/NPM1 Mutation	PML/RARA†
JAK2 Reflex for Essential Thrombocythemia†	T-Cell TRG Gene Clonality
<i>If JAK2 V617F is (-) negative, will reflex to:</i>	TP53 Mutation (CLL/SLL)
CALR, MPL	
JAK2 Reflex for Polycythemia†	
<i>If JAK2 V617F is (-) negative, will reflex to:</i>	
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

† Refrigerate Due to RNA lability, draw Monday-Thursday only

FISH PROBES AND PANELS*

(*All FISH probes listed can be ordered individually or as a part of one of our predetermined panels)

Acute Lymphocytic Leukemia (ALL) B-ALL PEDIATRIC/ADULT <input type="checkbox"/> WHS/CEP4 [4p16.3/4cen] <input type="checkbox"/> ABL/BCR [9q34/22q11.2] <input type="checkbox"/> p16/CEP9 [9p21/9cen] <input type="checkbox"/> CEP10/PTEN [10cen/10q23] <input type="checkbox"/> MLL BAP [11q23] <input type="checkbox"/> ETV6/RUNX1 [12p13/21q22] T-cell disorders <input type="checkbox"/> ALK BAP [2p23] <input type="checkbox"/> D7S522 [7q31] <input type="checkbox"/> MYC/IgH/CEP8 [8q24/14q32.3/8cen] <input type="checkbox"/> MLL BAP [11q23] <input type="checkbox"/> p16/CEP9 [9p21/9cen] <input type="checkbox"/> TCR BAP [14q11.2]	Aneuploidy screen (AneuVysion) <input type="checkbox"/> CEPX/Y/18 [Xp11.2q11.2,Yp11.2q11.2,18p11.2q11.2] <input type="checkbox"/> LSI13/21 [13q14,21q22.13q22.2] Chronic Lymphocytic Leukemia (CLL) <input type="checkbox"/> ATM/p53 [11q22.3/17p13.1] <input type="checkbox"/> CEP12/D13S319/LAMP1 [12cen/13q14.3/13q34] <input type="checkbox"/> MYB/CEP6 [6q23/6cen] <input type="checkbox"/> CCND1/IgH [11q13/14q32.3] Chronic Myelogenous Leukemia (CML) <input type="checkbox"/> ABL/BCR [9q34/22q11.2] Glioma <input type="checkbox"/> LSI 1p/1q [1p36/1q25] <input type="checkbox"/> LSI 19p/19q [19p13/19q13]	Lymphoma - Non-Hodgkin's (NHL) <input type="checkbox"/> DLBCL: BCL6 BAP [3q27] <input type="checkbox"/> Burkitt: MYC BAP [8q24] <input type="checkbox"/> Mantle: CCND1/IgH [11q13/14q32.3] <input type="checkbox"/> Follicular: IgH/BCL2 [14q32.3/18q21] <input type="checkbox"/> MALT: IgH/MALT [14q32.2/18q21] Multiple Myeloma (MM) CD138 with enrichment <input type="checkbox"/> CKS1B/p18 [1q21/1p32] <input type="checkbox"/> TAS2R1/CEP9/CEP15 [5p15.31/9CEN/15CEN] <input type="checkbox"/> D13S319/13q34 [13q14.3/13q34] <input type="checkbox"/> IgH BAP [14q32.3] <input type="checkbox"/> p53/CEP10 [17p13.1/10cen] <input type="checkbox"/> <i>reflex probe sets if IgH BAP is abnormal</i> <input type="checkbox"/> FGFR3/IgH [4p16.3/14q32.3] <input type="checkbox"/> CCND1 XT/IgH [11q13/14q32.3] <input type="checkbox"/> IgH/MAF [14q32.3/16q23] <input type="checkbox"/> CCND3/IgH [6p21/14q32.3] <input type="checkbox"/> IgH/MAFB [14q32.3/20q12] Myeloproliferative/Imatinib Responsive disease <input type="checkbox"/> FIP1L1,CHIC2,PDGFRα [4q12] <input type="checkbox"/> PDGFRβ BAP [5q33] <input type="checkbox"/> ABL/BCR [22q11.2/9q34]
Myeloid disorders (AML/MDS) <input type="checkbox"/> EGR1 [5q31] <input type="checkbox"/> D7S522 [7q31] <input type="checkbox"/> MLL BAP [11q23] <input type="checkbox"/> PML/RARA [15q24/17q21.1] <input type="checkbox"/> CBFβ [16q22] <input type="checkbox"/> RUNX1/RUNX1T1 [21q22/8q22] <input type="checkbox"/> MECOM (formerly EVI) BAP [3q26] <input type="checkbox"/> p53 [17p13.1]	Lipomatous neoplasms <input type="checkbox"/> DDTI3 <input type="checkbox"/> MDM	

SPECIMEN REQUIREMENTS

TESTING	SPECIMEN SOURCE	SPECIMEN COLLECTION	SHIPPING
COMPREHENSIVE HEMATOPATHOLOGY CONSULTATION	Bone marrow or peripheral blood	1) 1 Green (Na Heparin) tubes 3-5 mL** AND 1 Lavender (EDTA) tube 3-5 mL 2) unfixed, air-dried preparations of bone marrow aspirate 3) 4-8 smears and recent CBC 4) 1 Core Biopsy >1 cm in length in formalin (10cc vial) 5) 1 Clot >1 cm in length in formalin (10cc vial) ** For cytogenetics, include one additional Green top tube.	Room Temperature
FLOW CYTOMETRY	Bone marrow or peripheral blood	1 Yellow (ACD Solution A) tube 3-5mL (preferred) <i>Alternatives: Green (Na Heparin) or Lavender (EDTA)</i>	Room Temperature
CD4 Lymphocytes (EDTA only)/ Fetal Erythrocyte Quantitation (EDTA only)	Core Biopsy or Fresh Tissue Peripheral blood	RPMI cell media vial 1 Lavender (EDTA) tube 3-5 mL	Room Temperature Room Temperature Room Temperature. Must be run within 48 hours of collection.
CYTOGENETIC Chromosome Analysis and FISH	Bone marrow or peripheral blood Tissue	1 Green (Na Heparin) tube 3-5mL RPMI cell media Paraffin embedded tissue (FISH)	Room Temperature
MOLECULAR by PCR	Bone marrow or peripheral blood Tissue	1 Lavender (EDTA) tube 3-5 mL* Fresh Tissue – RPMI cell media Paraffin embedded tissue	*Room Temperature unless test is annotated with "†", then REFRIGERATE.
ARRAY CGH	Bone marrow or peripheral blood	1 Lavender (EDTA) tube 3-5 mL	Room Temperature

 For other specimen questions, please call CLIENT SERVICES @ 1-866-844-2522 or go to our test directory at https://www.healthcare.uiowa.edu/path_handbook/rindex.html

Shipper's Responsibility: The shipper is required to comply with the rules and guidelines for transport of medical specimens as set forth by the US government. Failure to follow instructions for packaging and shipping specimens can result in the delay, loss or destruction of your specimens. UIDL will not be held responsible for any liability attributable to the shipper's improper actions or failure to comply with regulations.