Hematopathology, Molecular, and Flow Cytometry Requisition

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SPLA Pathology Laboratory Associates

PATIENT INFORMATION (Please Provide All Information)

LAST NAME (Please Print Legibly) FIRST MIDDLE	PATIENT MRN.	SEX M☐ F☐	DATE OF BIRTH [MM / DD / YYYY]

ORDERING PROVIDER	DOCTOR PHONE NUMBER	CLIENT NAME/NUMBER

ORDERING PROVIDER SIGNATURE

X:_____

COLLECTION DATE:

TIME: ☐ A.M. ☐ P.M.

Specimen Information

☐ Bone marrow and blood ☐ Body fluid: Type _____ ☐ Case No: _____

☐ Peripheral blood ☐ Tissue: Type _____ ☐ Prior Case No: _____

Note: Ordered tests may not be performed if appropriate diagnostic or pathologic codes are not submitted. Most cytogenetic, flow cytometry, FISH and molecular tests require pre-authorization obtained by ordering clinician for coverage. If there is no pre-authorization, an ABN form may be required to perform testing.

Clinical Findings or History **ICD10 codes (must have appropriate codes for testing):** _____ _____ _____ _____ _____ _____

Working diagnoses/concerns _____

Evaluation requested

__ Complete Bone marrow and peripheral blood evaluation (including flow cytometry, cytogenetics, FISH and molecular studies if indicated per pathologist findings and clinical concern)
__ Hemepath Consult (CBC and Pathologist report of findings)
__ HemePath Consult with Client Submitted CBC
__ Tissue or fluid morphologic assessment: Type _____

☐ **Microbiology Cultures -**
☐ **Anaerobic** ☐ **Aerobic** ☐ **Fungus** ☐ **AFB**
(Note: Molecular testing recommended for viral infection evaluation, not viral cultures)

Flow Cytometry

__ Screening panel (blasts, lymphocytes, myeloid cells (expand if needed)
__ T and B cell disorder/lymphoma panel (expand if needed)
__ Plasma cell neoplasm/myeloma
__ Acute leukemia panel
__ PNH Panel

Cytogenetic/molecular testing

__ **Chromosomal karyotype analysis (blood, bone marrow)**

Myeloid Neoplasms/myeloproliferative/AML

__ NGS Panel, myeloid disorders
__ FISH: PML/RARA, t(15;17) for Acute Promyelocytic Leukemia
__ FISH: 11q23 (MLL/KMT2A) Rearrangement
__ FISH: AML1/ETO, t(8,21)
__ FISH: CBFB, Inv(16), t(16;16)
__ FISH: BCR/ABL t(9;22)
__ FISH: Myeloid Disorder Panel (chromosomes 5, 7, 8, 20)
__ PCR: PML/RARA t(15;17), Quantitative
__ PCR: CEBPA Mutation
__ PCR: FLT3 Mutations (ITD)
__ PCR:RUNX1 Mutation
__ PCR:KIT Mutation
__ PCR: NPM1 (Exon 12) Mutation
__ PCR: IDH1/IDH2 Mutation
__ PCR:TP53 Mutation
__ PCR: JAK2 V617F Mutation
__ MPN Molecular Panel including JAK2 exon 12, MPL, CALR (only performed if negative for JAK2 V617F)
__ FISH: CHIC2 deletion (FIP1L1-PDGFRA) 4q12 PDGFRB and FLP1 (rearrangements will be detected by chromosomal karyotypic analysis

Acute lymphoblastic leukemia/ALL/Lymphoma/LPDs/Plasma cell neoplasms

__ FISH: BCR/ABL, t(9;22)
__ FISH: BCR/ABL with reflex testing for BCR-ABL-like
__ FISH: 11q23 (MLL/KMT2A) Rearrangement
__ FISH: t(12:21) ETV/RUNX1
__ PCR: BCR/ABL t(9;22), quantitative

Lymphoma, LPDs, and Plasma cell neoplasm

__Multiple Myeloma FISH Panel: t(4;14) FGFR2/IGH fusion; t(11;14)CCND1/IGH fusion; t(14;16)IGH/MAF fusion; TP53/17 cep loci:CKS1B/CDKN2C loci FISH for multiple myeloma panel, MGUS, PCD
__ FISH: B-Cell CLL Panel [+12, del13q14.3, del 13q34, del17p13.1, del11q22.3]
__ FISH: Mantle Cell Lymphoma CCND1/IGH t(11;14)
__ FISH: Follicular Lymphoma IGH/BCL2 t(14;18)
__ FISH: Burkitt Lymphoma, MYC/IGH t(8;14)
__ FISH: MYC, 8q24 Rearrangement
__ FISH: MYC w/ reflex to BCL2 (18q21), and BCL6 (3q27)
__ PCR: Mantle Cell Lymphoma, CCND1/IGH t(11;14)
__ PCR: B-Cell (IgH, Heavy Chain) Gene Rearrangement
__ PCR: T-Cell Receptor (TCR) Gene Rearrangement

Solid Tumor, Molecular Testing

__ Lung Panel NGS
__ Melanoma Panel NGS
__ Solid Tumor Panel NGS
__ Colon Panel NGS

__ PDL-1 (22C3 IHC with Tumor Proportion Score (TPS) Keytruda
__ PDL-1 (22C3 IHC with Combined Positive Score (CPS) Keytruda
__ PDL-1 (28-8 pharmDX by IHC w/interp Opdivo)
__ PDL-1 (SP263 IHC with Tumor Proportion Score (TPS) Tecentriq and cemiplimab-rwlc Libtayo

__ MMR by IHC