



Pathology, Molecular Diagnostics, Research

Hematopathology/Molecular Pathology Requisition

PATIENT INFORMATION			PHYSICIAN INFORMATION		
Patient Name (Last, First, MI)					
SSN	D.O.B.	Sex M / F			
Address					
City	State	ZIP			
Patient Insurance Information - Please provide copy of insurance card (s)			TEST ORDERED		
Primary Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Ins. <input type="checkbox"/> Patient <input type="checkbox"/> Client Bill			HISTOLOGY / FLOW CYTOMETRY / CYTOGENETICS		
Company					
Policy / ID Number			<input type="checkbox"/> Bone Marrow Morphology/Adjunctive Testing as needed <input type="checkbox"/> Bone Marrow Morphology <input type="checkbox"/> Flow Cytometry <input type="checkbox"/> Cytogenetics (Chromosome analysis ± FISH) <input type="checkbox"/> Reflex Prognostic FISH panel if MDS, MM, CLL		
Group Number					
Secondary Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Ins. <input type="checkbox"/> Patient <input type="checkbox"/> Client Bill					
Company					
Policy / ID Number			HEME-MOLECULAR DIAGNOSTICS (Check all that apply)		
Group Number					
DIAGNOSTIC INFORMATION (ICD-9)			HEMOPATH FISH (Check all that apply)		
Circle: Tentative / Established.			<input type="checkbox"/> B-cell Clonality (PCR /Capillary Electrophoresis) <input type="checkbox"/> BCL-2/IgH t(14;18) Qualitative (MBR & MCR) by PCR (Follicular Lymphoma) <input type="checkbox"/> BCR/ABL t(9;22) Qualitative (p210/p190)RT-PCR <input type="checkbox"/> BCR/ABL t(9;22) Quantitative for Minimal Residual Disease (real time fluorescent RT-PCR) <input type="checkbox"/> FLT3 Mutation Analysis (ITD & D835) <input type="checkbox"/> JAK2 Mutation Analysis (V617F) <input type="checkbox"/> PML/RARA t(15;17) (AML M3/APL; RT-PCR) <input type="checkbox"/> T-cell Clonality (PCR /Capillary Electrophoresis)		
<input type="checkbox"/> ALL (204.0)					
<input type="checkbox"/> AML (205.0), FAB type _____					
<input type="checkbox"/> Anemia (285.9)					
<input type="checkbox"/> CLL (204.1)					
<input type="checkbox"/> CML (205.1)					
<input type="checkbox"/> Cytopenia*					
<input type="checkbox"/> Hodgkin's Disease (201.9)					
<input type="checkbox"/> Leukemia, NOS (208.9)					
<input type="checkbox"/> Leukocytosis (288.8)					
<input type="checkbox"/> Leukopenia (288.0)					
<input type="checkbox"/> Other (Clinical/Differential Dx): _____ ICD-9: _____					
* TYPE _____					
CLINICAL HISTORY			BREAST IHC / MOLECULAR / FISH TESTS		
<input type="checkbox"/> New Diagnosis/Staging			<input type="checkbox"/> Breast IHC Panel (ER, PR, Ki-67, p53 & Her-2/neu) <input type="checkbox"/> Her-2/neu Immunohistochemistry(IHC) <input type="checkbox"/> Her-2/FISH (PathVysion) <input type="checkbox"/> TOP2 A FISH (Breast) <input type="checkbox"/> Her-2/FISH w/ TOP2 A FISH		
<input type="checkbox"/> Post-treatment: ChemoRx / ImmunoRx: _____/Transplant					
<input type="checkbox"/> Relapse <input type="checkbox"/> Other: _____					
SPECIMEN TYPE			COLORECTAL MOLECULAR / FISH TESTS		
<input type="checkbox"/> Bone Marrow Aspirate			<input type="checkbox"/> EGFR FISH <input type="checkbox"/> KRAS Mutation Analysis <input type="checkbox"/> MSI - Microsatellite Instability Test by PCR <input type="checkbox"/> MSI - Microsatellite Instability Test by IHC <input type="checkbox"/> UGT1A1		
<input type="checkbox"/> Bone Marrow Aspirate Smears/Touch Preparations					
<input type="checkbox"/> Bone Marrow Aspirate Clot (Formalin)					
<input type="checkbox"/> Bone Marrow Core Biopsy (Formalin)					
<input type="checkbox"/> Lymph Node: Site: _____ <input type="checkbox"/> Formalin-Paraffin <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Peripheral Blood					
<input type="checkbox"/> Peripheral Blood Smears			UROLOGIC MOLECULAR / FISH TESTS		
<input type="checkbox"/> Tissue Block			<input type="checkbox"/> PCA3 - Prostate Cancer Biomarker <input type="checkbox"/> UroVysion FISH		
<input type="checkbox"/> Unstained Slide					
LAB USE ONLY					
<input type="checkbox"/> Bone Marrow and Peripheral Blood			<input type="checkbox"/> Marrow: Core Bx: _____ formalin; _____ touch prep; _____ processed slides <input type="checkbox"/> Comments: _____ <input type="checkbox"/> Received Date: _____ Received By: _____		
<input type="checkbox"/> Peripheral Blood: Purple Top _____ Green Top _____ Other: _____ # Slides					
<input type="checkbox"/> Marrow Aspirate: _____ # of blood tubes; _____ # Slides; _____ Clot Formation					