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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			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			HEME-MOLECULAR DIAGNOSTICS (Check all that apply)		
Company					
Policy / ID Number			<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)		
Group Number					
DIAGNOSTIC INFORMATION (ICD-9)			HEMEPATH FISH (Check all that apply)		
Circle: Tentative / Established.			<input type="checkbox"/> BCR/ABL-DF t(9;22) CML/ALL/AML <input type="checkbox"/> IgH/BCL2 t(14;18)-Follicular Lymphoma <input type="checkbox"/> IgH/CCND1-XT-DF t(11;14)-Mantle Cell Lymphoma <input type="checkbox"/> LSI MYC Break Apart (8q24)-Burkitt's Lymphoma <input type="checkbox"/> Reflex to IgH/MYC/CEP8 t(8;14) if Positive <input type="checkbox"/> PML/RARA-DF t(15;17)-AML M3, APL <input type="checkbox"/> Prognostic FISH Panels: <input type="checkbox"/> ALL <input type="checkbox"/> CLL <input type="checkbox"/> MM <input type="checkbox"/> Myelodysplasia <input type="checkbox"/> Diagnostic FISH Panels: <input type="checkbox"/> AML <input type="checkbox"/> Other _____		
<input type="checkbox"/> ALL (204.0) <input type="checkbox"/> Lymphadenopathy(785.6) <input type="checkbox"/> AML (205.0), FAB type _____ <input type="checkbox"/> Lymphoma* <input type="checkbox"/> Anemia (285.9) <input type="checkbox"/> Lymphopenia(288.8) <input type="checkbox"/> CLL (204.1) <input type="checkbox"/> Monoclonal Gammopathy(273.1) <input type="checkbox"/> CML (205.1) <input type="checkbox"/> Myelodysplastic Syndrome*(238.7) <input type="checkbox"/> Cytopenia* <input type="checkbox"/> Myeloproliferative Disorder*(238.7) <input type="checkbox"/> Hodgkin's Disease (201.9) <input type="checkbox"/> Multiple Myeloma(203.0) <input type="checkbox"/> Leukemia, NOS (208.9) <input type="checkbox"/> Neutropenia (288.00) <input type="checkbox"/> Leukocytosis (288.8) <input type="checkbox"/> Polycythemia (238.4) <input type="checkbox"/> Leukopenia (288.0) <input type="checkbox"/> Thrombocytopenia (287.5) <input type="checkbox"/> Other (Clinical/Differential Dx): _____ ICD-9: _____					
CLINICAL HISTORY			BREAST IHC / MOLECULAR / FISH TESTS		
<input type="checkbox"/> New Diagnosis/Staging <input type="checkbox"/> Post-treatment: ChemoRx / ImmunoRx: _____/Transplant <input type="checkbox"/> Relapse <input type="checkbox"/> Other: _____			<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		
SPECIMEN TYPE					
<input type="checkbox"/> Bone Marrow Aspirate <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"/> Peripheral Blood <input type="checkbox"/> Peripheral Blood Smears <input type="checkbox"/> Lymph Node: Site: _____ <input type="checkbox"/> Formalin-Paraffin <input type="checkbox"/> Other: _____ <input type="checkbox"/> Tissue Block <input type="checkbox"/> Unstained Slide			<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		
LAB USE ONLY					
<input type="checkbox"/> Bone Marrow and Peripheral Blood <input type="checkbox"/> Peripheral Blood: Purple Top ___ Green Top ___ Other: ___ # Slides <input type="checkbox"/> Marrow Aspirate: ___ # of blood tubes; ___ # Slides; ___ Clot Formation			<input type="checkbox"/> PCA3 - Prostate Cancer Biomarker <input type="checkbox"/> UroVysion FISH		
<input type="checkbox"/> Marrow: Core Bx: ___ formalin; ___ touch prep; ___ processed slides <input type="checkbox"/> Comments: _____ <input type="checkbox"/> Received Date: _____ Received By: _____					