



CLIENT INFORMATION		ORDERING PHYSICIAN INFORMATION			
		Ordering Provider		Copy To Provider	
		NPI		NPI	
Tel	Fax	Tel	Fax	Tel	Fax
PATIENT INFORMATION					
Name (Last, First, MI)		SSN	DOB / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Client Patient ID		Address (City, State, Zip)			
		Tel			
BILLING INFORMATION					
<input type="checkbox"/> Facility <input type="checkbox"/> Insurance <input type="checkbox"/> Patient		Insurance Company		Policy #	Group #
Place of Service <input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Physician Office		(Attach copy of Insurance info)			
CLINICAL AND SPECIMEN INFORMATION					
Diagnosis Codes _____		Specimen Source		Specimen ID	
Included <input type="checkbox"/> CBC <input type="checkbox"/> Pathology report					
Clinical Diagnosis/Reason for Referral		<input type="checkbox"/> Blood <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Aspirate <input type="checkbox"/> Core Biopsy <input type="checkbox"/> Clot		<input type="checkbox"/> Fresh Tissue <input type="checkbox"/> FNA <input type="checkbox"/> Fluids Source _____ <input type="checkbox"/> Other Source _____	
Collection Date/Time / / _____ <input type="checkbox"/> am <input type="checkbox"/> pm				<input type="checkbox"/> FFPE # of Blocks _____ # of Slides _____ <input type="checkbox"/> Exhaust Block if necessary <input type="checkbox"/> Call before exhausting Block	
PATHOLOGY & COMPREHENSIVE EVALUATION (STRATAFLEX)					
<input type="checkbox"/> Bone Marrow Pathology Evaluation <input type="checkbox"/> Surgical Pathology Consultation <input type="checkbox"/> Flow Cytometry (Global) with morphology (peripheral blood only) (Facility bill only)		STRATAFLEX: MPLN Hematopathologists utilize MPLN's Strategic Reflex Testing approach to laboratory medicine and will recommend only the most appropriate reflex testing. All clinically relevant findings and analysis are provided in an integrated report.			
FLOW CYTOMETRY			MOLECULAR ONCOLOGY		
<input type="checkbox"/> Leukemia / Myeloma / Lymphoma Select one: <input type="checkbox"/> Global <input type="checkbox"/> Technical only For abbreviated panels Select one: <input type="checkbox"/> Lymphoid markers only <input type="checkbox"/> B-cell/plasma cell markers only <input type="checkbox"/> Residual disease / other (please specify below)			<input type="checkbox"/> <i>IgVH</i> Somatic Hypermutation Analysis (CLL) <input type="checkbox"/> B-cell Immunoglobulin Heavy Chain Gene Rearrangement If negative, reflex to B-cell Ig Kappa Light Chain <input type="checkbox"/> B-cell Immunoglobulin Kappa Light Chain Gene Rearrangement <input type="checkbox"/> T-Cell Receptor Gamma Gene Rearrangement <input type="checkbox"/> <i>MYD88</i> p.L265P Mutation		
<input type="checkbox"/> ZAP70 <input type="checkbox"/> Paroxysmal Nocturnal Hemoglobinuria (PNH) - High Sensitivity <input type="checkbox"/> Bronchoalveolar Lavage (CD4:CD8 ratio) <input type="checkbox"/> Leukocyte Adhesion Deficiency (LAD)			<input type="checkbox"/> <i>BCL2</i> t(14;18) Gene Rearrangement <input type="checkbox"/> <i>BCR/ABL</i> qRT PCR, Minimal Residual Disease <input type="checkbox"/> major (p210) transcript <input type="checkbox"/> minor (p190) transcript <input type="checkbox"/> reflex to <i>JAK2</i> V617F or <input type="checkbox"/> reflex to Myeloproliferative Core Mutation Panel - <i>JAK2, CALR, MPL</i>		
CYTOGENETICS			SOLID TUMOR		
<input type="checkbox"/> Chromosome Analysis on Bone Marrow <input type="checkbox"/> Chromosome Analysis on Leukemic Peripheral Blood (Oncology) <input type="checkbox"/> Chromosome Analysis for Lymphoma (Lymph Node or other tissue) <input type="checkbox"/> Chromosome Analysis for Solid Tumor (e.g. sarcoma)			<input type="checkbox"/> <i>ABL</i> Kinase Gene Mutation; Gleevec® Resistance <input type="checkbox"/> Myeloproliferative Core Mutation Panel - <i>JAK2</i> (V617F and Exon 12), <i>CALR, MPL</i> <input type="checkbox"/> Myeloid Extended Mutation Panel - <i>JAK2</i> (V617F and Exon 12), <i>CALR</i> (Type 1, and 2), <i>MPL, ASXL1, CBL, CSF3R, ETV6/TEL, EZH2, IDH1, IDH2, KIT, KRAS, NRAS, RUNX1, SETBP1, SF3B1, SRSF2, TET2, TP53</i>		
FLUORESCENT IN SITU HYBRIDIZATION (FISH)			MOLECULAR		FISH
<input type="checkbox"/> Chronic Lymphocytic Leukemia (CLL) Panel [<i>MYB</i> (6q23), <i>ATM</i> (11q22.3), +12, <i>DLEU1</i> (13q14.3), <i>TP53</i> (17p13)] <input type="checkbox"/> Burkitt / "Double Hit" Large B-cell Lymphoma Panel [<i>C-MYC, BCL2, BCL6</i>] <input type="checkbox"/> Plasma Cell Neoplasm Panel [1p-, 1q+, +5, +9, t(11;14), 13q-, +15, 17p-] <input type="checkbox"/> reflex to t(4;14)/t(14;16) <input type="checkbox"/> Myelodysplasia (MDS) Panel [-5/5q-, -7/7q-, +8, 20q-] <input type="checkbox"/> Myeloproliferative Neoplasm (MPN) Panel [+8, t(9;22), 13q-, 20q-] <input type="checkbox"/> Adult Acute Lymphoblastic Leukemia (ALL) Panel [t(9;22), t(12;21), <i>MLL</i> (KMT2A)] <input type="checkbox"/> <i>IGH</i> 14q32 Rearrangement <input type="checkbox"/> <i>IGH/BCL2</i> t(14;18) <input type="checkbox"/> <i>IGH/BCL1</i> (<i>CCND1</i>) t(11;14) <input type="checkbox"/> <i>IGH/MALT1</i> t(14;18) <input type="checkbox"/> <i>IGH/MYC</i> t(8;14) <input type="checkbox"/> <i>BCL6</i> 3q27 Rearrangement <input type="checkbox"/> <i>C-MYC</i> 8q24 Rearrangement <input type="checkbox"/> <i>MALT1</i> 18q21 Rearrangement <input type="checkbox"/> <i>BCR/ABL1</i> t(9;22) reflex to <input type="checkbox"/> <i>JAK2</i> V617F or <input type="checkbox"/> Myeloproliferative Core Mutation Panel <input type="checkbox"/> <i>MLL</i> (KMT2A) 11q23 Rearrangement <input type="checkbox"/> <i>AML1</i> (<i>RUNX1</i>)/ <i>ETO</i> (<i>RUNX1</i>) t(8;21) <input type="checkbox"/> <i>CBFB</i> t(16;16), inv(16) <input type="checkbox"/> <i>PML/RARA</i> t(15;17)			<input type="checkbox"/> 8 Gene Solid Tumor Panel - <i>BRAF, EGFR, IDH1/2, KIT, KRAS, NRAS, PDGFRA</i> <input type="checkbox"/> Colorectal Panel - <i>BRAF, KRAS, NRAS</i> <input type="checkbox"/> Lung Panel - <i>BRAF, EGFR, KRAS, NRAS</i> <input type="checkbox"/> Melanoma Panel - <i>BRAF, KIT, NRAS</i> <input type="checkbox"/> <i>BRAF</i> Mutation <input type="checkbox"/> <i>EGFR</i> Mutation <input type="checkbox"/> If negative, reflex to <i>ALK</i> by FISH <input type="checkbox"/> <i>KRAS</i> Mutation <input type="checkbox"/> GIST Mutation Panel - <i>KIT, PDGFRA, BRAF</i> <input type="checkbox"/> <i>IDH1/IDH2</i> Mutation		<input type="checkbox"/> <i>ALK</i> 2p23 rearrangement <input type="checkbox"/> <i>ROS1</i> 6q22.1 rearrangement <input type="checkbox"/> Bladder Cancer Panel [+3, +7, +17, 9p21-] <input type="checkbox"/> <i>HER2/neu</i> Breast <input type="checkbox"/> <i>HER2/neu</i> Gastric <input type="checkbox"/> Oligodendroglioma [1p-, 19q-] <input type="checkbox"/> <i>EGFR</i> amplification (7p11.2) <input type="checkbox"/> Glioma Panel [1p-, 19q-; <i>EGFR</i> amp.]
COMMENTS					

*IHC stains are on a separate requisition, for a complete list including FISH Probes, visit www.MPLNet.com 21JUN2017

Specimen	Anatomic Pathology	Flow Cytometry	Cytogenetics	FISH	MOLECULAR
Peripheral blood	1 slide air dried ²	4.0 mL (1.0 mL) in Sodium Heparin (EDTA accepted) ¹	7.0 mL (5.0 mL) in Sodium Heparin ²	5.0 mL (3.0 mL) in Sodium Heparin or EDTA ³	5 mL (3 mL) in EDTA ³ , Sodium Heparin or ACD. (Refer to individual tests; 10mL min. for M BCR ABL)
Bone marrow aspirate	4.0 mL (0.5 mL) in Sodium Heparin or EDTA. ² 4-6 slides air dried ²	2.0 mL (0.5 mL) in Sodium Heparin (EDTA accepted) ¹	3.0 mL (1.0 mL) in Sodium Heparin ²	3.0 mL (1.0 mL) in Sodium Heparin or EDTA ³	3.0 mL (1 mL) in EDTA ³ , Sodium Heparin or ACD (Refer to individual tests)
Bone marrow core biopsy	1cm Formalin or B-Plus ²	2 cm (1 cm) in 2-4 mL transport media ¹	5 mm ³ in 2-4 mL transport media ²	5 mm ³ in 2-4 mL transport media ⁵	5 mm ³ in 2-4 mL transport media ⁵ (gene rearrangements)
Fresh tissue	Surgical samples in 10% neutral buffered formalin ⁴	5 mm ³ in 2-4 mL transport media ¹	5 mm ³ in 2-4 mL transport media ²	5 mm ³ in 2-4 mL transport media ⁵	5 mm ³ in 2-4 mL transport media ⁵ (gene rearrangements)
Frozen tissue					5 mm ³ in 2-4 mL transport media ⁵ (gene rearrangements)
Paraffin embedded tissue	Formalin fixed Block ⁴ Slides x3 for each analyte 3microns on "plus" slides ⁴			Formalin fixed Block and/or 3-4 slides 5 microns ⁴ (Solid tumor FISH)	Formalin fixed Block and/or 3-5 slides 5 microns ⁴ (gene rearrangements, KRAS, BRAF, EGFR mutations, NGS panels)
FNA		Adequate sample ¹	4.0 mL (2.0 mL) in 2-4 mL transport media ²	3.0 mL (2.0 mL) in 2-4 mL transport media ⁵	3.0 mL (2.0 mL) in 2-4 mL transport media ⁵ (gene rearrangements)
Fluids		4.0 mL (0.5 mL) in sterile container ¹	15 mL in plain tube ²		
Urine				50 mL (35 mL) in PreservCyt™ ^{1,2}	
NOTES	Include CBC report for BMPE. Include any pathology reports, history & differential diagnosis. In hot weather ship with separate cool pack (specimen should not come into contact)	Ship with separate cool pack (specimen should not come into contact)	Send WBC count with requisition. Ship ambient overnight, in hot weather ship with separate cool pack (specimen should not come into contact)	Ship with separate cool pack (specimen should not come into contact)	Ship with separate cool pack (specimen should not come into contact)

STABILITY: 1. 4°C for 48 hours 2. 18-25°C for 48 hours 3. 18-25°C for 72 hours 4. 18-25°C indefinite 5. 4°C for 72 hours 6. -20°C indefinite