



CLIENT INFORMATION		ORDERING PHYSICIAN INFORMATION			
		Ordering Provider		Copy To Provider	
		NPI		NPI	
		Tel	Fax	Tel	Fax
PATIENT INFORMATION					
Name (Last, First, MI)		DOB / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address (City, State, Zip)		Tel		Client Patient ID	
SSN					
BILLING INFORMATION					
<input type="checkbox"/> Facility <input type="checkbox"/> Insurance <input type="checkbox"/> Patient		Insurance Company		Policy #	
Place of Service <input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> On-Campus Hospital Outpatient <input type="checkbox"/> Off-Campus Hospital Outpatient <input type="checkbox"/> Physician Office		(Attach copy of Insurance info)			
Group #					
CLINICAL AND SPECIMEN INFORMATION					
Diagnosis Codes _____		Specimen Source		Specimen ID	
Included <input type="checkbox"/> CBC <input type="checkbox"/> Pathology report					
Collection Date/Time / / _____ <input type="checkbox"/> am <input type="checkbox"/> pm		<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	
Clinical Diagnosis/Reason for Referral				<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"/> BMPE Bone Marrow Pathology Evaluation <input type="checkbox"/> SPC Surgical Pathology Consultation <input type="checkbox"/> FLOW M 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	
Select one:	For abbreviated panels Select one:
<input type="checkbox"/> FLOW Global – Leukemia / Myeloma / Lymphoma <input type="checkbox"/> FLOW TC Technical Only – Leukemia / Myeloma / Lymphoma <input type="checkbox"/> If CLL clone identified, reflex to F CLL and M IgVH	<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"/> FLOW PNH Paroxysmal Nocturnal Hemoglobinuria (PNH) – High Sensitivity	<input type="checkbox"/> FLOW BAL Bronchoalveolar Lavage (CD4/CD8 ratio)

CYTOGENETICS	
<input type="checkbox"/> CYTO BM Chromosome Analysis on Bone Marrow <input type="checkbox"/> CYTO LPB Chromosome Analysis on Leukemic Peripheral Blood (Oncology)	<input type="checkbox"/> CYTO LN Chromosome Analysis for Lymphoma (Lymph Node or other tissue)

FLUORESCENT IN SITU HYBRIDIZATION (FISH)	
<input type="checkbox"/> F AML ETO t(8;21) <input type="checkbox"/> F BCL1 IGH/CCND1 t(11;14) <input type="checkbox"/> F BCL2 IGH/BCL2 t(14;18) <input type="checkbox"/> F BCL6 3q27 Rearrangement <input type="checkbox"/> F BCR/ABL t(9;22) Reflex to: <input type="checkbox"/> M JAK2 V617F Mutation <input type="checkbox"/> F BURKITT "Double Hit" Large B-cell Lymphoma Panel [CMYC, BCL2, BCL6] <input type="checkbox"/> F CBFB t(16;16), inv(16) <input type="checkbox"/> F CLL Chronic Lymphocytic Leukemia Panel <input type="checkbox"/> F CMYC 8q24 Rearrangement	<input type="checkbox"/> F IGH MALT1 t(14;18) <input type="checkbox"/> F MALT1 18q21 Rearrangement <input type="checkbox"/> F MDS Myelodysplastic Syndrome Panel <input type="checkbox"/> F MLL KMT2A 11q23 Rearrangement <input type="checkbox"/> F MM Multiple Myeloma Panel <input type="checkbox"/> F MPD Myeloproliferative Neoplasm Panel (9;22 included) <input type="checkbox"/> F 4q12 FIP1L1/PDGFR A Rearrangement <input type="checkbox"/> F PDGFRB <input type="checkbox"/> F PML/RARA t(15;17) <input type="checkbox"/> F URO Bladder Cancer Panel [+3, +7, +17, 9p21-]

BREAST PROGNOSTIC MARKERS	
<input type="checkbox"/> I ER Estrogen Receptor <input type="checkbox"/> I HER2 HER2/Neu (IVD) Reflex to: <input type="checkbox"/> FP HER2 /Neu <input type="checkbox"/> I Ki67 Cell Proliferation Marker	<input type="checkbox"/> I P53 Tumor Suppressor Gene Protein <input type="checkbox"/> I PR Progesterone Receptor

COMMENTS	

MOLECULAR ONCOLOGY	
<input type="checkbox"/> M ABL G* ABL Kinase Gene Mutation Analysis <input type="checkbox"/> M AML Mutational Analysis (ASXL1, CEBPA, DNMT3A, FLT3, IDH1, IDH2, KIT, NPM1, RUNX1, TET2, TP53, WT1) <input type="checkbox"/> M BCELL B-cell Ig Heavy Chain Gene Rearrangement Reflex to: <input type="checkbox"/> M IGH B-cell Ig Kappa Light Chain Gene Rearrangement <input type="checkbox"/> M BCR ABL BCR/ABL1 qRT PCR Reflex to: <input type="checkbox"/> M JAK2 V617F Mutation Analysis, Exon 14 Reflex to: <input type="checkbox"/> M JAK2 EX12 Exon 12 <input type="checkbox"/> M CALR Calreticulin Exon 9 Mutation <input type="checkbox"/> M MPL Exon10 Mutation <input type="checkbox"/> M CALR Calreticulin Exon 9 Mutation Type 1 & 2 <input type="checkbox"/> M IGH B-cell Ig Kappa Light Chain Gene Rearrangement <input type="checkbox"/> M IgVH Somatic Hypermutation Analysis (CLL)	<input type="checkbox"/> M JAK2 V617F Mutation Analysis, Exon 14 Reflex to: <input type="checkbox"/> M JAK2 EX12 Exon 12 <input type="checkbox"/> M CALR Calreticulin Exon 9 Mutation <input type="checkbox"/> M MPL Exon10 Mutation <input type="checkbox"/> M JAK2 EX12 Exon 12 <input type="checkbox"/> M KIT P* (D816V) Mutation by PCR <input type="checkbox"/> M MPL Exon 10 Mutation <input type="checkbox"/> M MYD88 p. L265P Mutation <input type="checkbox"/> M MYELOID EXTENDED Mutation Panel= JAK2 (V617F and Exon 12), CALR (Type 1 and 2), MPL, ASXL1, CBL, CSF3R, ETV6/TEL, EZH2, IDH1, IDH2, KIT, KRAS, NRAS, RUNX1, SETBP1, SF3B1, SRSF2, TET2, TP53 <input type="checkbox"/> M PML RARA* qRT PCR, Minimal Residual Disease <input type="checkbox"/> M TCR T -cell Receptor Gamma Gene Rearrangement

SOLID TUMOR MOLECULAR	
<input type="checkbox"/> M BRAF Mutation <input type="checkbox"/> M EGFR Mutation Reflex to: <input type="checkbox"/> FP ALK 2p23 Rearrangement <input type="checkbox"/> M KRAS Mutation <input type="checkbox"/> M NRAS Mutation <input type="checkbox"/> M IDH1/ IDH2 Mutation <input type="checkbox"/> M IDH1 <input type="checkbox"/> M IDH2	<input type="checkbox"/> M COLON NGS Colorectal- BRAF, KRAS, NRAS <input type="checkbox"/> M LUNG NGS Lung- BRAF, EGFR, KRAS, NRAS <input type="checkbox"/> M MELAN NGS Melanoma- BRAF, KIT, NRAS <input type="checkbox"/> M ST NGS GIST- KIT, PDGFRA

SOLID TUMOR FISH / IHC	
<input type="checkbox"/> FP ALK 2p23 Rearrangement <input type="checkbox"/> FP HER2 /Neu Breast <input type="checkbox"/> FP HER2 GA HER2/Neu Gastric	<input type="checkbox"/> I MSI Microsatellite Instability Profile (Mismatch repair) <input type="checkbox"/> I PD-L1 Clone SP263, Tumor Prognostic Marker <input type="checkbox"/> FP ROS1 2p23 Rearrangement

* Performed at affiliate laboratory

All other IHC stains are on a separate requisition. For a complete list including FISH Probes, visit www.MPLNet.com APR 2019