



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 (Attach copy of Insurance info)		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		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				Required for Breast Cancer Diagnostics: <input type="checkbox"/> Zinc Fixed <input type="checkbox"/> B-Plus Fixed <input type="checkbox"/> 10% Neutral Buffered Formalin <input type="checkbox"/> Time to Tissue Fixation: _____ <input type="checkbox"/> Tissue Fixation Time: _____	
				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 (Global Flow Cytometry with morphology; peripheral blood only; client 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"/> Lymphoid markers only
<input type="checkbox"/> FLOW TC Technical Only – Leukemia / Myeloma / Lymphoma	<input type="checkbox"/> B-cell/plasma cell markers only
<input type="checkbox"/> If CLL clone identified, reflex to F CLL, M IgVH, and M TP53	<input type="checkbox"/> Residual disease / other (please specify below)
<input type="checkbox"/> FLOWPNH 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 LN Chromosome Analysis for Lymphoma (Lymph Node or other tissue)
<input type="checkbox"/> CYTO LPB Chromosome Analysis on Leukemic Peripheral Blood (Oncology)	

FLUORESCENT IN SITU HYBRIDIZATION (FISH)	
<input type="checkbox"/> F AML ETO t(8;21)	<input type="checkbox"/> F IGH MALT1 t(14;18)
<input type="checkbox"/> F BCL1 IGH/CCND1 t(11;14)	<input type="checkbox"/> F MALT1 18q21 Rearrangement
<input type="checkbox"/> F BCL2 IGH/BCL2 t(14;18)	<input type="checkbox"/> F MDS Myelodysplastic Syndrome Panel
<input type="checkbox"/> F BCL6 3q27 Rearrangement	<input type="checkbox"/> F MLL KMT2A 11q23 Rearrangement
<input type="checkbox"/> F BCR/ABL t(9;22) Reflex to: <input type="checkbox"/> M JAK2 V617F Mutation	<input type="checkbox"/> F MM Multiple Myeloma Panel
<input type="checkbox"/> F BURKITT "Double Hit" Large B-cell Lymphoma Panel [CMYC, BCL2, BCL6]	<input type="checkbox"/> F 4q12 FIP1L1/PDGFRΑ Rearrangement
<input type="checkbox"/> F CBFβ t(16;16), inv(16)	<input type="checkbox"/> F PDGFRβ
<input type="checkbox"/> F CLL Chronic Lymphocytic Leukemia Panel	<input type="checkbox"/> F PML/RARA t(15,17)
<input type="checkbox"/> F CMYC 8q24 Rearrangement	<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 P53 Tumor Suppressor Gene Protein
<input type="checkbox"/> I HER2 HER2/Neu (IVD) Reflex to: <input type="checkbox"/> FP HER2 /Neu	<input type="checkbox"/> I PR Progesterone Receptor
<input type="checkbox"/> I KI67 Cell Proliferation Marker	

COMMENTS

MOLECULAR ONCOLOGY	
<input type="checkbox"/> M ABL G* ABL Kinase Gene Analysis	<input type="checkbox"/> M JAK2 V617F <i>with reflex to M JAK2 EX12</i> for Polycythemia Vera
<input type="checkbox"/> M AML (ASXL1, DNMT3A, FLT3*, IDH1, IDH2, KIT, NPM1, RUNX1, TET2, TP53, WT1) <i>with reflex to M CEBPA*</i>	<input type="checkbox"/> M JAK2 V617F <i>with reflex to M CALR and M MPL</i> for Essential Thrombocythemia or Primary Myelofibrosis
<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 JAK2 V617F Mutation
<input type="checkbox"/> M TCR T-cell Receptor Gamma Gene Rearrangement	<input type="checkbox"/> M JAK2 EX12 (Exon 12)
<input type="checkbox"/> M BCR ABL BCR/ABL1 qRT PCR Reflex to: <input type="checkbox"/> M JAK2 V617F Mutation	<input type="checkbox"/> M CALR (Exon 9 Type 1 & 2)
<input type="checkbox"/> M IGH B-cell Ig Kappa Light Chain Gene Rearrangement	<input type="checkbox"/> M MPL (Exon 10)
<input type="checkbox"/> M IgVH Somatic Hypermutation Analysis (CLL)	<input type="checkbox"/> M MYD88 (p. L265P) Mutation
<input type="checkbox"/> M TP53 (Exons 2-11)	<input type="checkbox"/> M KIT P* (D816V Mutation) by PCR for Mastocytosis
<input type="checkbox"/> M IDH1 (Exon 4)/ IDH2 (Exon 4)	<input type="checkbox"/> M MYELOID EXTENDED (JAK2 (V617F and Exon 12), CALR (Type 1 & 2), MPL, ASXL1, CBL, CSF3R, ETV6/TEL, EZH2, IDH1, IDH2, KIT, KRAS, NRAS, RUNX1, SETBP1, SF3B1, SRSF2, TET2, TP53)
<input type="checkbox"/> M IDH1 (Exon 4)	<input type="checkbox"/> M KIT AML (Exons 2, 8 - 11, 13, 17)
<input type="checkbox"/> M IDH2 (Exon 4)	
<input type="checkbox"/> M PML RARA* qRT PCR, Minimal Residual Disease	

SOLID TUMOR MOLECULAR	
<input type="checkbox"/> M BRAF (Exon 15)	<input type="checkbox"/> M COLON NGS Colorectal- BRAF, KRAS, NRAS
<input type="checkbox"/> M EGFR (Exons 12, 18 - 21) Reflex to: <input type="checkbox"/> FP ALK 2p23 Rearrangement	<input type="checkbox"/> M LUNG NGS Lung- BRAF, EGFR
<input type="checkbox"/> FP ROS1	<input type="checkbox"/> M GIST NGS- KIT, PDGFRA
<input type="checkbox"/> M KRAS (Exons 2, 3, 4)	<input type="checkbox"/> M KIT (Exons 8-11, 13, 14, 17, 18)
<input type="checkbox"/> M NRAS (Exons 2, 3, 4)	<input type="checkbox"/> M PDGFRA (Exons 12, 14, 18)
	<input type="checkbox"/> M PIK3CA (Exons 9, 20)

SOLID TUMOR FISH / IHC	
<input type="checkbox"/> FP ALK 2p23 Rearrangement	<input type="checkbox"/> I MSI Microsatellite instability profile (Mismatch repair)
<input type="checkbox"/> FP HER2 /Neu Breast	<input type="checkbox"/> I PD-L1 Clone SP263, tumor prognostic marker
<input type="checkbox"/> FP HER2 GA HER2/neu Gastric	<input type="checkbox"/> FP ROS1 6p22 Rearrangement

Please Note: Many payers, including Medicare and Medicaid, have medical necessity requirements. You should only order tests which are medically necessary for the diagnosis and treatment of the patient. Thank you.

* Performed at affiliate laboratory

All other IHC stains are on a separate requisition. For a complete list including FISH Probes, visit www.MPLNet.com Q. 1 2020