



| 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  |  | <input type="checkbox"/> Blood<br><input type="checkbox"/> Bone Marrow<br><input type="checkbox"/> Aspirate<br><input type="checkbox"/> Core Biopsy<br><input type="checkbox"/> Clot   |     | <input type="checkbox"/> Fresh Tissue<br><input type="checkbox"/> FNA<br><input type="checkbox"/> Fluids Source<br><input type="checkbox"/> Other Source              |     |
| Collection Date/Time / / _____ <input type="checkbox"/> am <input type="checkbox"/> pm   |  |  |     |   |     |
| Clinical Diagnosis/Reason for Referral   |  | <b>Required for Breast Cancer Diagnostics:</b><br><input type="checkbox"/> Zinc Fixed<br><input type="checkbox"/> B-Plus Fixed<br><input type="checkbox"/> 10% Neutral Buffered Formalin<br><input type="checkbox"/> Time to Tissue Fixation: _____<br><input type="checkbox"/> Tissue Fixation Time: _____  |     | <b>FFPE</b><br># of Blocks _____<br># of Slides _____<br><input type="checkbox"/> Exhaust Block if necessary<br><input type="checkbox"/> Call before exhausting Block |     |
| PATHOLOGY & COMPREHENSIVE EVALUATION (STRATAFLEX)  |  |  |     |   |     |
| <input type="checkbox"/> <b>BMPE</b> Bone Marrow Pathology Evaluation  |  | 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.   |     |   |     |
| <input type="checkbox"/> <b>SPC</b> Surgical Pathology Consultation  |  |  |     |   |     |
| <input type="checkbox"/> <b>FLOW M</b> (Global Flow Cytometry with morphology; peripheral blood only; client bill only)  |  |  |     |   |     |
| FLOW CYTOMETRY   |  | MOLECULAR ONCOLOGY   |     |   |     |
| Select one:<br><input type="checkbox"/> <b>FLOW Global</b> – Leukemia / Myeloma / Lymphoma<br><input type="checkbox"/> <b>FLOW TC</b> Technical Only – Leukemia / Myeloma / Lymphoma<br><input type="checkbox"/> If CLL clone identified, reflex to F CLL, M IgVH, and M TP53<br><input type="checkbox"/> <b>FLOW PNH</b> Paroxysmal Nocturnal Hemoglobinuria (PNH) – High Sensitivity   |  | For abbreviated panels Select one:<br><input type="checkbox"/> Lymphoid markers only<br><input type="checkbox"/> B-cell/plasma cell markers only<br><input type="checkbox"/> Residual disease / other (please specify below)   |     |   |     |
| <input type="checkbox"/> <b>FLOW BAL</b> Bronchoalveolar Lavage (CD4/CD8 ratio)  |  | <input type="checkbox"/> <b>M AML</b> (ASLX1, DNMT3A, FLT3*, IDH1, IDH2, KIT, NPM1, RUNX1, TET2, TP53, WT1) with reflex to M CEBPA*<br><input type="checkbox"/> <b>M B-CELL</b> Ig Heavy Chain Gene Rearrangement<br><input type="checkbox"/> <b>M TCR</b> T-cell Receptor Gamma Gene Rearrangement<br><input type="checkbox"/> <b>M BCR ABL</b> BCR/ABL1 qRT PCR<br><input type="checkbox"/> <b>M IgVH</b> Somatic Hypermutation Analysis (CLL)<br><input type="checkbox"/> <b>M TP53</b> (Exons 2-11)  |     |   |     |
| <input type="checkbox"/> <b>CYTO BM</b> Chromosome Analysis on Bone Marrow   |  | <input type="checkbox"/> <b>M JAK2</b> V617F Mutation by PCR with reflex to <input type="checkbox"/> <b>M MYELOID EXTENDED</b><br><input type="checkbox"/> <b>M MYD88</b> (p. L265P) Mutation<br><input type="checkbox"/> <b>M KIT P*</b> (D816V Mutation) by PCR for Mastocytosis<br><input type="checkbox"/> <b>M MYELOID EXTENDED</b> (JAK2 (V617F and Exon 12), CALR (Type 1 & 2), MPL, ASXL1, CBL, CSF3R, DUNMT3A, ETV6/TEL, EZH2, IDH1, IDH2, KIT, KRAS, NRAS, RUNX1, SETBP1, SF3B1, SRSF2, STAG2, TET2, TP53, U2AF1, ZRSR2)<br><input type="checkbox"/> <b>M KIT AML</b> (Exons 2, 8 - 11, 13, 17)  |     |   |     |
| <input type="checkbox"/> <b>CYTO LPB</b> Chromosome Analysis on Leukemic Peripheral Blood (Oncology)   |  | <input type="checkbox"/> <b>M KIT P*</b> (D816V Mutation) by PCR for Mastocytosis  |     |   |     |
| CYTOGENETICS   |  |  |     |   |     |
| <input type="checkbox"/> <b>CYTO LN</b> Chromosome Analysis for Lymphoma (Lymph Node or other tissue)  |  |  |     |   |     |
| FLUORESCENT IN SITU HYBRIDIZATION (FISH)   |  |  |     |   |     |
| <input type="checkbox"/> <b>F AML ETO</b> t(8;21)<br><input type="checkbox"/> <b>F BCL1</b> IGH/CCND1 t(11;14)<br><input type="checkbox"/> <b>F BCL2</b> IGH/BCL2 t(14;18)<br><input type="checkbox"/> <b>F BCL6</b> 3q27 Rearrangement<br><input type="checkbox"/> <b>F BCR/ABL</b> t(9;22) Reflex to:<br><input type="checkbox"/> <b>M JAK2</b> V617F Mutation<br><input type="checkbox"/> <b>F BURKITT</b> "Double Hit" Large B-cell Lymphoma Panel [CMYC, BCL2, BCL6]<br><input type="checkbox"/> <b>F CBFB</b> t(16;16), inv(16)<br><input type="checkbox"/> <b>F CLL</b> Chronic Lymphocytic Leukemia Panel<br><input type="checkbox"/> <b>F CMYC</b> 8q24 Rearrangement |  | <input type="checkbox"/> <b>F IGH MALT1</b> t(14;18)<br><input type="checkbox"/> <b>F MALT1</b> 18q21 Rearrangement<br><input type="checkbox"/> <b>F MDS</b> Myelodysplastic Syndrome Panel<br><input type="checkbox"/> <b>F MILL KMT2A</b> 11q23 Rearrangement<br><input type="checkbox"/> <b>F MM</b> Multiple Myeloma Panel<br><input type="checkbox"/> <b>F MPD</b> Myeloproliferative Neoplasm Panel (9;22 included)<br><input type="checkbox"/> <b>F 4q12</b> FIP1L1/PDGFRα Rearrangement<br><input type="checkbox"/> <b>F PDGFRβ</b><br><input type="checkbox"/> <b>F PML/RARA</b> t(15,17)<br><input type="checkbox"/> <b>F URO</b> Bladder Cancer Panel [+3, +7, +17, 9p21-]<br><input type="checkbox"/> <b>F ETV6:RUNX1</b> t(12;21) |     |   |     |
| BREAST PROGNOSTIC MARKERS  |  |  |     |   |     |
| <input type="checkbox"/> <b>I ER</b> Estrogen Receptor<br><input type="checkbox"/> <b>I HER2</b> HER2/Neu (IVD) Reflex to:<br><input type="checkbox"/> <b>FP HER2/Neu</b><br><input type="checkbox"/> <b>I KI67</b> Cell Proliferation Marker  |  | <input type="checkbox"/> <b>IP53</b> Tumor Suppressor Gene Protein<br><input type="checkbox"/> <b>I PR</b> Progesterone Receptor<br><input type="checkbox"/> <b>FP ALK</b> 2p23 Rearrangement<br><input type="checkbox"/> <b>FP HER2/Neu</b> Breast<br><input type="checkbox"/> <b>FP HER2 GA</b> HER2/neu Gastric<br><input type="checkbox"/> <b>FP BURKITT</b> "Double Hit" Large B-cell Lymphoma Panel [CMYC, BCL2, BCL6]   |     |   |     |
|  |  | <input type="checkbox"/> <b>I MSI</b> Microsatellite instability profile (Mismatch repair)<br><input type="checkbox"/> <b>I PD-L1</b> Clone SP263, tumor prognostic marker<br><input type="checkbox"/> <b>FP ROS1</b> 6p22 Rearrangement   |     |   |     |
| SOLID TUMOR MOLECULAR  |  |  |     |   |     |
|  |  | <input type="checkbox"/> <b>M BRAF</b> (Exon 15)<br><input type="checkbox"/> <b>M EGFR</b> (Exons 12, 18 - 21)<br><input type="checkbox"/> <b>M KRAS</b> (Exons 2, 3, 4)<br><input type="checkbox"/> <b>M NRAS</b> (Exons 2, 3, 4)<br><input type="checkbox"/> <b>M COLON NGS</b> Colorectal- BRAF, KRAS, NRAS   |     |   |     |
| SOLID TUMOR FISH / IHC   |  |  |     |   |     |
|  |  |  |     |   |     |
| COMMENTS   |  |  |     |   |     |
|  |  |  |     |   |     |

**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.