

HEMATOLOGY/ONCOLOGY REQUISITION FORM

PATIENT INFORMATION

Last Name	First Name	MI	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB	Patient ID/MRN/SSN
Address		City	State	ZIP	Phone () -

PHYSICIAN INFORMATION

Physician and Ordering Facility (Name, Address, Phone and Fax)

Copy report to additional Physician

Phone () -

Physician Name

Fax () -

BILLING INFORMATION

Bill To

- Insurance (Please attach copy of insurance card)
 Medicare Hospital/Direct Bill Patient Self-Pay

Patient Status

- Hospital Inpatient (>24 hour stay)
 Discharge date: _____
 Hospital outpatient Non-Hospital patient

Hospital Name



Please attach a copy of the patient's CBC and clinical history.

Patient's Next Appointment

Date: ___/___/___

Time: ___:___ AM PM

CLINICAL INFORMATION

Copy of CBC and patient's history is required.

Signs/Symptoms (include as many as applicable)

ICD-10 CODES

Refer to the back of the requisition for common ICD-10 codes.

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |

CLINICAL STATUS

- New Diagnosis Monitoring Under Therapy Post Therapy Staging MRD

SPECIMEN INFORMATION

- Bone Marrow Peripheral Blood Other: _____
 Fresh Tissue: _____ Tissue Source _____ Fluid: _____ Fluid Source/Volume _____

Collection Date:

Time of Collection:

___/___/___

___:___ AM PM

CLINICAL INDICATION

- Acute Myelogenous Leukemia (AML)
 Acute Promyelocytic Leukemia (APL)
 Burkitt Lymphoma (BL)
 Chronic Lymphocytic Leukemia (CLL)
 Chronic Myelogenous Leukemia (CML)
 Diffuse Large B-Cell Lymphoma (DLBCL)
 Essential Thrombocythemia (ET)
 Follicular Lymphoma (FL)
 Lymphoplasmacytic Lymphoma (LPL)
 Lymphoproliferative Disorder (LPD)
 MALT Lymphoma (MALToma)
 Mantle Cell Lymphoma (MCL)
 Marginal Zone Lymphoma (MZL)
 Myelodysplastic Syndrome (MDS)
 Myeloproliferative Neoplasm (MPN)
 Multiple Myeloma (MM)
 Polycythemia Vera (PV)
 Waldenström Macroglobulinemia
 Other: _____

TEST(S) REQUESTED



Includes: Clinical history review and morphologic assessment. Medically necessary tests will be ordered by an expert pathologist. Tests may include IHC, flow cytometry, Chromosome Analysis, FISH and/or molecular testing. A summary with correlation of all testing technologies will be incorporated into one final diagnostic Omnia™ report.

If not ordering Omnia™, please indicate tests below:

- Flow Cytometry
 Smear Morphology
 Biopsy Workup
 Karyotype Chromosome Analysis
 PNH w/FLAER
- FISH**
 BCR/ABL (Qualitative)
 Panel based on clinical indication (details on back)
 Other: _____
- Molecular**
 B-Cell Gene Rearrangement
 BCR/ABL (Quantitative)
 MYD88 with reflex to CXCR4
 T-Cell Gene Rearrangement
- Next Generation Sequencing**
 NGS-177 Hematologic Malignancies Panel
- HemeScreen®**
 AML (IDH1, IDH2, KIT, FLT3, NPM1, CEBPA)
 BCR/ABL1 (p.190, p.203, p.210, p.230)
 CLL (SF3B1, NOTCH1, MYD88, CXCR4)
 Cytopenia (ASXL1, WT1, DNMT3A, RUNX1, SF3B1)
 MPN (JAK2 Exons 12, 13, 14 (V617F), CALR, MPL)

Refer to back of requisition for individual HemeScreen® genes.

COMMENTS

(Please specify additional tests, notes, and requests, including when you would like the Hematopathologist to call; e.g. after specific tests or after comprehensive testing.)

Physician Signature: _____

Date: ___/___/___

- I would like the Hematopathologist to call me to discuss this case at this number: () -

NGS Panels

NGS Hematologic Malignancies Panel

This test is designed to profile the molecular abnormalities in various leukemias, lymphoma and myeloma. The assay is used for stratifying patients and determining prognosis and selecting therapy. This assay is excellent for confirming the diagnosis of MDS and differentiating it from CCUS, ICUS and CHIP.

HemeScreen® Genes

AML <input type="checkbox"/> IDH1 <input type="checkbox"/> IDH2 <input type="checkbox"/> KIT	<input type="checkbox"/> FLT3 <input type="checkbox"/> NPM1 <input type="checkbox"/> CEBPA	BCR/ABL1 <input type="checkbox"/> p190 <input type="checkbox"/> p203	<input type="checkbox"/> p210 <input type="checkbox"/> p230	CLL <input type="checkbox"/> SF3B1 <input type="checkbox"/> NOTCH1	<input type="checkbox"/> MYD88 <input type="checkbox"/> CXCR4	Cytopenia <input type="checkbox"/> ASXL1 <input type="checkbox"/> WT1 <input type="checkbox"/> DNMT3A	<input type="checkbox"/> RUNX1 <input type="checkbox"/> SF3B1	MPN <input type="checkbox"/> JAK2 V617F <input type="checkbox"/> JAK2 EXON12 <input type="checkbox"/> JAK2 EXON 13	<input type="checkbox"/> CALR <input type="checkbox"/> MPL
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FISH Panels

Acute Myeloid Leukemia	CBFB(16q22) RUNX1/RUNX1T1 t(8;21)	PML/RARA t(15;17) MLL(11q23)	Acute Promyelocytic Leukemia	PML/RARA t(15;17)	Chronic Myeloid Leukemia	BCR/ABL1 t(9;22)
Chronic Lymphocytic Leukemia	P53(17p13.1) ATM(11q22.3) Trisomy 12	13q14.3 Deletion CCND1/IGH t(11;14) RB1(13q14.3)	Diffuse Large B-Cell Lymphoma	BCL6(3q27) MYC(8q24) CCND1/IGH t(11;14) IGH/BCL2 t(14;18)	MALT Lymphoma	BIRC3/MALT1 t(11;18q21)
Essential Thrombocythemia (ET)	13q14.3 Deletion Trisomy 8 Chromosome 1 Rearrangement	Trisomy 9 P53(17p13.1) MAFB(20q12)	Follicular Lymphoma	BCL6 CCND1/IGH t(11;14) IGH/BCL2 t(14;18)	Burkitt Lymphoma	MYC(8q24) MYC/IGH t(8;14)
Myelodysplastic Syndrome	5q31~33 Deletion/Monosomy 5 7q31 Deletion/Monosomy 7 Inversion(17q) RPN1/MECOM(3q26)	Trisomy 8 MLL(11q23) MAFB(20q12) ETV6(12p13.2) Trisomy/Deletion 19	Marginal Zone Lymphoma	BCL6 7q31 Deletion/Monosomy 7 CCND1/IGH t(11;14) BIRC3/MALT1 t(11;18)	(LPL) Waldenström	5q31~33 Deletion/Monosomy 5 MYB(6q23.3) CCND1/IGH t(11;14) MYC/IGH t(8;14) FGFR3/IGH t(4;14)
Multiple Myeloma	CCND1/IGH t(11;14) 13q14.3 Deletion Trisomy 9 Chromosome 1 Rearrangement P53(17p13.1)	Reflex to: FGFR3/IGH t(4;14) IGH/MAFB t(14;16) IGH Rearrangement	Polycythemia Vera	13q14.3 Deletion Trisomy 8 MAFB(20q12) Trisomy 9 Chromosome 1 Rearrangement	Mantle Cell Lymphoma	CCND1/IGH t(11;14)
					Myeloproliferative Neoplasms (MPN)	PDGFRA PDGFRB FGFR1 BCR/ABL1 t(9;22) Trisomy/Deletion 19

Specimen Requirements and TAT

Test Type	Specimen Type	Preservative	Instructions	Volume	Temperature	Stability	TAT
Morphology & Special Stains	Core Biopsy	Formalin	Saturated core complete with fixative	N/A	Room Temperature	72 hrs	3-4 days
	Blood Clot	Formalin	Saturated core complete with fixative	N/A	Room Temperature	72 hrs	3-4 days
	Aspirate Slides	N/A	Unstained, unfixed	5 Slides	Room Temperature	N/A	48 hrs
IHC & ISH	Core Biopsy	Formalin	Saturated core complete with fixative	N/A	Room Temperature	72 hrs	48 hrs
	Blood Clot	Formalin	Saturated core complete with fixative	N/A	Room Temperature	72 hrs	48 hrs
	FFPE Tissue	N/A	Formalin fixed paraffin embedded tissue	N/A	Room Temperature	N/A	48 hrs
Flow Cytometry	Bone Marrow/ Peripheral Blood	Green Top or Lavender Top Tube	N/A	2-3 mL	Room Temperature	48 hrs	24 hrs
	Fluid	N/A	Fluid in sterile container with no preservative	2 mL	Refrigerate - Do Not Freeze	48 hrs	24 hrs
	Fresh Tumor	RPMI	1-5cm ³ marble -sized piece of fresh tumor	1-5 cm ³	Refrigerate - Do Not Freeze	48 hrs	24 hrs
PNH Flow Cytometry w/FLAER	Peripheral Blood	Lavender Top Tube	N/A	2-3 mL	Room Temperature	48 hrs	24 hrs
FISH	Bone Marrow/ Peripheral Blood	Green Top or Lavender Top Tube	N/A	2-3 mL	Room Temperature	72 hrs	72 hrs
	Chromosome Analysis	Bone Marrow Peripheral Blood	Green Top Tube Green Top Tube	N/A N/A	2 mL 2 mL	Room Temperature Room Temperature	48 hrs 48 hrs
Molecular (PCR)	Bone Marrow/ Peripheral Blood	Lavender Top Tube	N/A	2 mL 4 mL	Room Temperature	72 hrs	7-14 days
HemeScreen®	Bone Marrow/ Peripheral blood	Green Top or Lavender Top Tube	N/A	1-2 mL	Room Temperature	48-72 hrs	2 -7days
NGS (Hematologic tumors)	Bone Marrow/ Peripheral blood	Lavender Top Tube	N/A	1-2 mL	Room Temperature	48-72 hrs	7 -10days

Additional Notes

Specimens should be sent within 24 hours of draw.
Include CBC, clinical history, and prior test results if available.
Clearly label each tube, slide and container with patient initials.
Allow slides to air dry completely before placing them in slide holders provided.
Please store all RPMI in refrigerator prior to use. DO NOT use RPMI if it appears cloudy, yellow, or beyond expiration date.
Please include 2 patient identifiers on tubes, slides and containers.
For questions or assistance please call customer service at 203.787.1717.

Specimen Shipping

Ship at room temperature. In warm weather place an ice pack in the specimen kit.
DO NOT allow ice pack to be in direct contact with sample.
DO NOT EXPOSE PATIENT NAME OR OTHER IDENTIFYING INFORMATION ON THE SHIPPER. HIPAA regulations prohibit disclosure of confidential patient information.
Call Customer Service at 203.787.1717 to schedule a specimen pickup.

Reporting of Results

A final report will be available to the requesting physician on CaseVu™ at www.preciiodx.com.

Common ICD-10 Codes

C81.90 Hodgkin Lymphoma, unspecified	C92.50 Acute Myelomonocytic Leukemia	D61.818 Other pancytopenia
C85.80 Non-Hodgkin Lymphoma, unspecified	C92.20 Other Myeloid Leukemia	D64.9 Anemia, unspecified
C90.00 Multiple Myeloma	C95.00 Acute Leukemia, unspecified cell type	D69.6 Thrombocytopenia, unspecified
C90.10 Plasma Cell Leukemia	C95.10 Chronic Leukemia, unspecified cell type	D70.9 Neutropenia, unspecified
C91.00 Acute Lymphoid Leukemia (ALL)	D47.3 Essential Thrombocythemia	D75.819 Leukopenia, unspecified
C91.10 Chronic Lymphocytic Leukemia (CLL) of B-cell type	D46.9 Myelodysplastic Syndrome, unspecified	D72.829 Leukocytosis
C92.00 Acute Myeloblastic Leukemia (AML)	D47.2 Monoclonal Gammopathy	J91.8 Pleural effusion in other conditions classified elsewhere
C92.10 Chronic Myeloid Leukemia (CML), BCR/ABL positive	D61.810 Antineoplastic chemotherapy induced pancytopenia	R22.0 Localized swelling of mass in head
C92.40 Acute Promyelocytic Leukemia	D61.811 Other drug-induced pancytopenia	R22.1 Localized swelling of mass in neck