

# 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  
Physician Name

Phone ( ) -  
Fax ( ) -

## Billing Information

**Patient Status**  
 Hospital Inpatient (>24 hour stay)  
 Discharge date: \_\_\_\_\_  
 Hospital Outpatient  Non-Hospital Patient

**Hospital Name:**

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

**Patient's next appointment** Date: \_\_\_/\_\_\_/\_\_\_  
 Time: \_\_\_:\_\_\_  AM  PM

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

## Clinical Information

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

*Copy of CBC and patient's history is required.*

New Diagnosis  Monitoring  Under Therapy  Post Therapy  Staging  MRD

## Specimen Information

Bone Marrow  Peripheral Blood  Other: \_\_\_\_\_  
 Fresh Tissue: \_\_\_\_\_ Tissue source \_\_\_\_\_  Fluid: \_\_\_\_\_ Fluid source/volume \_\_\_\_\_


## Sample Collection Information

Date: \_\_\_/\_\_\_/\_\_\_  
 Time: \_\_\_:\_\_\_  AM  PM

## Clinical Indication

Acute Lymphocytic Leukemia (ALL)  
 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 (MALT)  
 Mantle Cell Lymphoma (MCL)  
 Monoclonal Gammopathy (MGUS)  
 Marginal Zone Lymphoma (MZL)  
 Myelodysplastic Syndrome (MDS)  
 Myeloproliferative Neoplasm (MPN)  
 Multiple Myeloma (MM)  
 Polycythemia Vera (PV)  
 Waldenström Macroglobulinemia  
 Other: \_\_\_\_\_

## Test(s) Requested

 **Comprehensive Assessment**  
*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**  
 Pathologist to determine  
 Other: \_\_\_\_\_

**Molecular**  
 IgVH  
 B-Cell Gene Rearrangement  
 T-Cell Gene Rearrangement

**Next Generation Sequencing**  
 NGS Hematologic Malignancies Panel

**HemeScreen®**  
 AML (IDH1, IDH2, KIT, FLT3, NPM1, CEBPA)  
 CLL (SF3B1, NOTCH1, MYD88, CXCR4)  
 Cytopenia (ASXL1, WT1, DNMT3A, RUNX1, SF3B1)

**Bloodhound™**  
 BCR::ABL1 (p.190, p.203, p.210, p.230) w/ ABL1 reflex  
 MPN (JAK2 V617F, Exons 12, 13, CALR, MPL)  
 Qualitative  Quantitative

*Refer to the back for HemeScreen® and Bloodhound™ genes list.*

## Comments

Physician Signature: \_\_\_\_\_

I would like the Hematopathologist to call me to discuss this case at this number: ( ) - \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_  
 After Flow/Morphology  After Final Report

### 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**  
 IDH1     FLT3  
 IDH2     NPM1  
 KIT       CEBPA

**Cytopenia**  
 ASXL1     RUNX1  
 WT1       SF3B1  
 DNMT3A

**CLL**  
 SF3B1     MYD88  
 NOTCH1    CXCR4

#### Bloodhound™ Genes

**BCR::ABL1**  
 p190       p203  
 p210       p230

**MPN**  
 JAK2 V617F     CALR  
 JAK2 Exon 12    MPL  
 JAK2 Exon 13

**ABL1**  
 Exon 4       Exon 7  
 Exon 5       Exon 8  
 Exon 6

#### FISH Panels

<b>Acute Myeloid Leukemia</b>	CBF8 (16q22) RUNX1 /RUNX1T1 t (8;21)	PML/RARA t (1 5;17) MLL (11q23)	<b>T-Cell Lymphoma</b>	1p36/1q21 BCR/ABL t(9;22)+8	20q ETV6/RUNX1 t(12;21)	<b>Chronic Myeloid Leukemia</b>	BCR/ ABL1 t (9;22)
<b>Chronic Lymphocytic Leukemia</b>	P53 (17p13.1) (11 q) Trisomy 12	13q14.3 Deletion CCND1/IGH t(11 ;14) MYC::IGH	<b>MPN, P. Vera, ET, Eosinophilia. Neutropenia</b>	PDGFRB PDGFRB FGFR1	JAK2 BCR::ABL 19	<b>Acute Promyelocytic Leukemia</b>	PML/RARA t (15;17)
<b>Myelodysplastic Syndrome</b>	5q31 ~33 Deletion/Monosomy 5 7q31 Deletion/Monosomy 7 PML/RARA t(15;17) RPN1/MECOM (3q26)	MLL (11q23) EVI1 ETV6 (12p13.2) Trisomy/Deletion 19	<b>AML &amp; MDS</b>	RUNX1T1::RUNX1 MLL PML::RARA CBFB	5q 7q Cep 8/MAFB EVI1	<b>Waldenström Macroglobulinemia (LPL)</b>	5q, MYB (6q) CCND1/IGH t(11;14) MYC/IGH t(8;14) FGFR3/IGH t(4;14)
<b>Multiple Myeloma</b>	1p36/1q21 p53 +9 CCND1/IGH t(11;14)	13q14.3/13q34 MYC::IGH - Reflex MAF::IGH - Reflex FGFR3::IGH	<b>LPD, NHL, MZL, FL, MALT, Burkitt, MCL</b>	BCL6 7q MYC::IGH CCND1::IGH	BIRC3::MALT1 IGH::BCL2 MLL	<b>ALL</b>	1p36/1q21 BCR/ABL t(9;22) MLL ETV6/RUNX1 t(12;21) IGH rearrangement

#### Specimen Requirements and TAT

Test Type	Specimen Type	Preservative	Instructions	Volume	Temperature	Stability	TAT
<b>Morphology &amp; Special Stains</b>	Core Biopsy Blood Clot Aspirate Slides	Formalin Formalin N/A	Saturated core complete with fixative Saturated core complete with fixative Unstained, unfixed	N/A N/A 5 Slides	Room Temperature Room Temperature Room Temperature	72 hrs 72 hrs N/A	3-4 days 3-4 days 48 hrs
<b>IHC &amp; ISH</b>	Core Biopsy Blood Clot FFPE Tissue	Formalin Formalin N/A	Saturated core complete with fixative Saturated core complete with fixative Formalin fixed paraffin embedded tissue	N/A N/A N/A	Room Temperature Room Temperature Room Temperature	72 hrs 72 hrs N/A	48 hrs 48 hrs 48 hrs
<b>Flow Cytometry</b>	Bone Marrow/ Peripheral Blood Fluid Fresh Tumor	Green Top or Lavender Top Tube N/A RPMI	N/A  Fluid in sterile container with no preservative 1-5cm3 marble -sized piece of fresh tumor	2-3 mL  2 mL 1-5 cm3	Room Temperature  Refrigerate - Do Not Freeze Refrigerate - Do Not Freeze	48 hrs  48 hrs 48 hrs	24 hrs  24 hrs 24 hrs
<b>PNH Flow Cytometry w/FLAER</b>	Peripheral Blood	Lavender Top Tube	N/A	2-3 mL	Room Temperature	48 hrs	24 hrs
<b>FISH</b>	Bone Marrow/ Peripheral Blood	Green Top or Lavender Top Tube	N/A	2 mL	Room Temperature	72 hrs	72 hrs
<b>Chromosome Analysis</b>	Bone Marrow Peripheral Blood	Green Top Tube Green Top Tube	N/A	2 mL 2 mL	Room Temperature Room Temperature	48 hrs 48 hrs	7 days 7 days
<b>Molecular (PCR)</b>	Bone Marrow Peripheral Blood	Lavender Top Tube	N/A	2 mL 4 mL	Room Temperature	72 hrs	7-14 days
<b>HemeScreen®</b>	Bone Marrow Peripheral Blood	Lavender Top Tube	N/A	1-2 mL	Room Temperature	48-72 hrs	2-4 days
<b>Bloodhound™</b>	Bone Marrow Peripheral Blood	Lavender Top Tube	N/A	1-2 mL	Room Temperature	48-72 hrs	2-4 days
<b>NGS (Hematologic tumors)</b>	Bone Marrow Peripheral Blood	Lavender Top Tube	N/A	1-2 mL	Room Temperature	48-72 hrs	10 days

<b>Additional Notes</b>	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.	
<b>Specimen Shipping</b>	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.	
<b>Reporting of Results</b>	A final report will be available to the requesting physician on CaseVu™ at www.precipiodx.com.	
<b>Common ICD-10 Codes</b>	C81.90 Hodgkin Lymphoma, unspecified C85.80 Non-Hodgkin Lymphoma, unspecified C90.00 Multiple Myeloma C90.10 Plasma Cell Leukemia C91.00 Acute Lymphoid Leukemia (ALL) C91.10 Chronic Lymphocytic Leukemia (CLL) of B-cell type C92.00 Acute Myeloblastic Leukemia (AML) C92.10 Chronic Myeloid Leukemia (CML), BCR/ABL positive C92.40 Acute Promyelocytic Leukemia	C92.50 Acute Myelomonocytic Leukemia C92.20 Other Myeloid Leukemia C95.00 Acute Leukemia, unspecified cell type C95.10 Chronic Leukemia, unspecified cell type D47.3 Essential Thrombocythemia D46.9 Myelodysplastic Syndrome, unspecified D47.2 Monoclonal Gammopathy D61.810 Antineoplastic chemotherapy induced pancytopenia D61.811 Other drug-induced pancytopenia
	D61.818 Other pancytopenia D64.9 Anemia, unspecified D69.6 Thrombocytopenia, unspecified D70.9 Neutropenia, unspecified D75.819 Leukopenia, unspecified D72.829 Leukocytosis J91.8 Pleural effusion in other conditions classified elsewhere R22.0 Localized swelling of mass in head R22.1 Localized swelling of mass in neck	