



HEME/ONC REQUISITION MOLECULAR / CYTOGENETICS

CASE #		CSMC MRN ONLY		CLIENT PATIENT ID#			
M.D./CLIENT INFORMATION		PATIENT NAME (LAST, FIRST, M)			SOCIAL SECURITY #		
		ADDRESS			DOB	SEX	
		CITY	STATE	ZIP	PHONE		
		RESPONSIBLE PARTY (IF OTHER THAN PATIENT)			RELATIONSHIP TO PATIENT: <input type="checkbox"/> PARENT <input type="checkbox"/> SPOUSE <input type="checkbox"/> GUARDIAN		
		BILL TYPE:		<input type="checkbox"/> M.D./CLIENT <input type="checkbox"/> PATIENT <input type="checkbox"/> WORKER'S COMP <input type="checkbox"/> BILLING INFORMATION STAPLED		<input type="checkbox"/> MEDI-CAL <input type="checkbox"/> MEDICARE <input type="checkbox"/> CASH <input type="checkbox"/> INSURANCE <input type="checkbox"/> HMO _____ <small>(Authorization number required)</small>	
MD SIGNATURE		INSURANCE MEMBER NAME (LAST, FIRST, M)			MEMBER POLICY #		
		INSURANCE COMPANY NAME			GROUP #		
		INSURANCE ADDRESS					
		EMPLOYER (IF WORK-RELATED INJURY)		INJURY DATE	CASE/CLAIM #		
DATE / TIME COLLECTED	SPECIMEN TYPE/SOURCE		ICD-9 DIAGNOSIS CODES MUST BE PROVIDED FOR EACH TEST				
<input type="checkbox"/> COPY TO:	<input type="checkbox"/> FAX TO:						

HEMATOPATHOLOGY	SOLID TUMORS
<input type="checkbox"/> ALL, t(12;21), FISH	<input checked="" type="checkbox"/> ALK break-apart probe by FDA-approved FISH
<input type="checkbox"/> AML, inv(16), FISH	<input checked="" type="checkbox"/> BRAF V600E Melanoma by FDA-approved PCR
<input type="checkbox"/> AML, MLL, FISH	<input type="checkbox"/> <input type="checkbox"/> With Pathologist Consult (Recommended) (BRFDAB-PIR)
<input type="checkbox"/> AML, t(8;21), FISH	<input type="checkbox"/> Result only (BRFDAB-NOPIR)
<input type="checkbox"/> AML, FLT 3 ITD, PCR (FLT3P)	<input checked="" type="checkbox"/> BRAF V600E Colon, Lung, Thyroid by PCR
<input type="checkbox"/> AML, NPM1, PCR (NPM1)	<input type="checkbox"/> <input type="checkbox"/> With Pathologist Consult (Recommended) (BRAFPB-PIR)
<input type="checkbox"/> AML, Panel, FLT3 + NPM1 (PMMP1)	<input type="checkbox"/> Result only (BRAFPB-NOPIR)
<input checked="" type="checkbox"/> APL, Long, Short and Variant, PCR-quantitative	<input type="checkbox"/> Circulating Tumor Cells (CTC)
<input type="checkbox"/> <input type="checkbox"/> With Pathologist Consult (Recommended) (P1517-PIR)	<input type="checkbox"/> EGFR, FISH
<input type="checkbox"/> Result only (P1517-NOPIR)	<input checked="" type="checkbox"/> EGFR, Mutation and Deletion, PCR
<input type="checkbox"/> APL, t(15;17), FISH	<input type="checkbox"/> <input type="checkbox"/> With Pathologist Consult (Recommended) (EGFRPB-PIR)
<input checked="" type="checkbox"/> B-Cell Ig Heavy Chain and Kappa Light Chain gene rearrangement, PCR	<input type="checkbox"/> Result only (EGFRPB-NOPIR)
<input type="checkbox"/> <input type="checkbox"/> With Pathologist Consult (Recommended) (IGHP-NOPIR & IGKPB -NOPIR)	<input type="checkbox"/> Ewing sarcoma, EWSR1 break-part, FISH
<input type="checkbox"/> Result only (IGHPB-NOPIR & IGKPB -NOPIR)	<input type="checkbox"/> HER2/neu, FISH
<input type="checkbox"/> BCL 6 break-apart, FISH	<input checked="" type="checkbox"/> KRAS Gene Mutation, PCR
<input type="checkbox"/> Burkitt, c-MYC 8q break-apart, FISH	<input type="checkbox"/> <input type="checkbox"/> With Pathologist Consult (Recommended) (KRASPB-PIR)
<input type="checkbox"/> CLL, FISH panel (11q, 12, 13q, 17p)	<input type="checkbox"/> Result only (KRASPB-NOPIR)
<input checked="" type="checkbox"/> CML t(9;22), BCR-ABL, M-BCR and m-BCR, PCR-quantitative	<input type="checkbox"/> Karyotype
<input type="checkbox"/> <input type="checkbox"/> With Pathologist Consult (Recommended) (t9;22-PIR)	<input type="checkbox"/> Liposarcoma, MDM2 amplification, FISH
<input type="checkbox"/> Result only (t9;22-NOPIR)	<input type="checkbox"/> Oligodendroglioma 1p/19q, FISH
<input type="checkbox"/> CML BCR-ABL, t(9;22), FISH	<input checked="" type="checkbox"/> PCA3 mRNA, TMA
<input type="checkbox"/> CML Gleevec resistance mutation	<input type="checkbox"/> <input type="checkbox"/> With Pathologist Consult (Recommended) (PCA3UB-PIR)
<input type="checkbox"/> FGFR1, FISH	<input type="checkbox"/> Result only (PCA3UB-NOPIR)
<input type="checkbox"/> FL t(14;18), FISH	<input type="checkbox"/> Synovial sarcoma, SYT break-apart, FISH
<input type="checkbox"/> FL, Bcl-6 break-apart, FISH	<input type="checkbox"/> Urovysion®, FISH panel (3, 7, 17, 9p21)
<input type="checkbox"/> DLBCL, FISH panel incl. t(14;18), Bcl-6 & c-MYC break-apart	
<input checked="" type="checkbox"/> JAK 2 Mutation, PCR	ADDITIONAL TESTS
<input type="checkbox"/> <input type="checkbox"/> With Pathologist Consult (Recommended) (JAK2B-PIR)	<input type="checkbox"/> Next-Generation Sequencing 50 Gene Cancer Panel
<input type="checkbox"/> Result only (JAK2B-NOPIR)	<input type="checkbox"/> 50 cancer genes, 2800 mutations
<input type="checkbox"/> Karyotype	<input type="checkbox"/> Chromosomal microarray
<input type="checkbox"/> MALT t(11;18), FISH	
<input type="checkbox"/> MCL, t(11;14), FISH	
<input type="checkbox"/> MDS, FISH panel (5q, 7q, 20q, 8)	
<input checked="" type="checkbox"/> MPL K/L Mutations, PCR	
<input type="checkbox"/> <input type="checkbox"/> With Pathologist Consult (Recommended) (MPLPB-PIR)	
<input type="checkbox"/> Result only (MPLPB-NOPIR)	
<input type="checkbox"/> Multiple myeloma, FISH screen panel (IgH break-apart, 17p, 13q)	
<input type="checkbox"/> Multiple myeloma, FISH reflex panel t(4;14), t(14;16) & t(11;14)	
<input type="checkbox"/> PDGFRB, FISH	
<input type="checkbox"/> PDGFR-α, PDGFR-β, FISH	
<input checked="" type="checkbox"/> T-cell receptor β & γ gene rearrangement, PCR	
<input type="checkbox"/> <input type="checkbox"/> With Pathologist Consult (Recommended) (TBRCPB-PIR)	
<input type="checkbox"/> Result only (TBRCPB-NOPIR)	