

PATIENT INFORMATION (Please Provide All Information)					
LAST NAME (Please Print Legibly)	FIRST	MIDDLE	PATIENT SS#	SEX M <input type="checkbox"/> F <input type="checkbox"/>	
ORDERING DOCTOR		Dr PHONE NUMBER	DIAGNOSIS:		
COLLECTION DATE:	TIME:	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	PATIENT MRN.	Collected by employee:	

PATIENT HISTORY:		BR1 LABEL AREA RML USE ONLY
Yes No <input type="checkbox"/> <input type="checkbox"/> Previous Bone Marrow Bx _____ DATE: _____ <input type="checkbox"/> <input type="checkbox"/> Recent chemotherapy (specify type) _____ DATE: _____ <input type="checkbox"/> <input type="checkbox"/> Recent Rituxan® (anti-CD20) _____ DATE: _____ <input type="checkbox"/> <input type="checkbox"/> Recent transfusion _____ DATE: _____ <input type="checkbox"/> <input type="checkbox"/> Patient on hemopoietic stimulating growth factor(s) [GCSF,Epo,Neup®] _____ DATE: _____ <input type="checkbox"/> <input type="checkbox"/> Bone Marrow Transplant: _____ DATE: _____ <input type="checkbox"/> <input type="checkbox"/> Other: _____ DATE: _____		

ONCOLOGY ORDERS (Performed on Peripheral Whole blood, Bone Marrow and/or Tissue Biopsy):	ORDER NAME
<input type="checkbox"/> Bone marrow (Peripheral smear, aspirate, clot and biopsy) - <input type="checkbox"/> Process and interpret or <input type="checkbox"/> Process only _____	BONE MARR
<input type="checkbox"/> Microbiology Cultures Please indicate culture requested - <input type="checkbox"/> Aerobic <input type="checkbox"/> Fungus <input type="checkbox"/> AFB <input type="checkbox"/> Viral _____	Micro will order test

Flow Cytometry	ORDER NAME
<input type="checkbox"/> PNH (Paroxysmal Nocturnal Hemoglobinuria) 6mL EDTA Whole Blood – Keep Room temp – Specimen must be at Mayo within 72hrs of collection. This is sent out to Mayo Medical Laboratory for PI-Linked Antigens, CD14 (monocytes), CD59 (RBCs and neutrophils) and FLAER on neutrophils for CD55 expression.	CD55/CD59
Specify Specimen Type Submitted below:	
<input type="checkbox"/> Whole Blood 5mL (3mL min.) in both EDTA Lavender & No-Gel Lithium Heparin Green tubes. Keep Whole Blood specimen at room temperature. Do not centrifuge.	FLOW PB
<input type="checkbox"/> Bone marrow EDTA Lavender tube and keep refrigerated. Do not centrifuge.	FLOW BM
<input type="checkbox"/> Tissue Should be stored in RPMI media and kept refrigerated.	FLOW TISS
Specify Processing:	
<input type="checkbox"/> Process "As Needed" based on aspirate/biopsy (panel to be determined by interpreting pathologist) _____	FLOW JIC
<input type="checkbox"/> Process "As Ordered" – Check specimen type above and indicate Flow panel below	
Select Specific Flow Panels:	
<input type="checkbox"/> Acute Leukemia Panels Specify: <input type="checkbox"/> Standard <input type="checkbox"/> ALL Relapse <input type="checkbox"/> Extended <input type="checkbox"/> AML Relapse <input type="checkbox"/> Abbreviated <input type="checkbox"/> Other: _____	<input type="checkbox"/> Lymphoproliferative Disorders Panel (LPD) Note: - ZAP-70 and CD38 prognostic markers will be added as needed in cases of B-CLL - Bcl-2 will be added in cases of CD10+ B-cell lymphomas to assess follicular cell origin Specify LPD add-on: <input type="checkbox"/> T-Cell Lymphoma/Sezary Syndrome <input type="checkbox"/> CD52 for therapeutic target Perform as: <input type="checkbox"/> Add-on to other panel <input type="checkbox"/> Stand-Alone test <input type="checkbox"/> Specific surface marker(s) (specify): _____
<input type="checkbox"/> Multiple Myeloma Panel	
<input type="checkbox"/> Hairy Cell Leukemia Panel	
<input type="checkbox"/> Mini Bone marrow Panel [this abbreviated panel that includes blast, lymphocyte, and myeloid markers]	

Special Hematologic Work-ups [Chromosomes, FISH Probes & PCR testing]	ORDER NAME
Chromosome & FISH Probe Specimen Requirements: 5mL (3mL min.) Bone marrow or Whole blood Collected in a Dark Green Sodium Heparin tube. Keep specimen at room temperature.	
Note... Medicare carrier's local medical review policy recognizes only the following conditions as needing cytogenetic studies: CML, acute leukemia and myelodysplasia. All others require completed & signed ABN.	
<input type="checkbox"/> Classical Chromosomal Cytogenetics Process as Ordered Immediately! _____	CHROMO HM
<input type="checkbox"/> Classical Chromosomal Cytogenetics as needed - based on aspirate/biopsy (panel to be determined by interpreting pathologist) _____	JIC BM CHR
<input type="checkbox"/> FISH: AML, AML1/ETO Translocation 8,21 [t(8;21)(q22;q22)] Associated with Acute Myeloid Leukemia (AML), especially FAB M2.	AML 8-21T
<input type="checkbox"/> FISH: AML, CBFB/MYH11, Inversion 16 [inv(16) or t(16;16)(p13;q22)] Associated with acute myeloid leukemia (FAB M4 Eo subtype).	AML INV16
<input type="checkbox"/> FISH: 11q23 Gene Rearrangement (11q23) Evaluates for the presence of an MLL gene translocation observed in some acute lymphoblastic and AML.	AML 11Q23
<input type="checkbox"/> FISH: AML M3, PML/RARA [t(15;17)] Useful for diagnosing PML, (AML M3) and RARA(17q) translocations other than chromosome 15, like t(11;17) or t(5;17).	AML M3 FSH
<input type="checkbox"/> FISH: Multiple Myeloma Panel [IGH(14q32), 13q14.3, p53(17p13.1)] Useful for detection of Multiple Myeloma.	MULT MYELO
<input type="checkbox"/> FISH: B-Cell CLL Panel (11q22.3/12 cen/13q14.3/13q34/17p13/ 6q23 MYB) Useful for prognosis in B-cell CLL.	B CELL CLL
<input type="checkbox"/> FISH: BCR/ABL, Philadelphia Chromosome [t(9;22)] Useful for CML (or excluding CML when other MPD's are being considered), Also for prognosis in B-cell ALL.	PHILA CHRO
<input type="checkbox"/> FISH: Burkitt's Lymphoma/NHL/ALL, IGH/MYC [t(8;14)] Useful to diagnose Burkitt's type lymphoma and some cases of acute lymphoblastic leukemia.	BURKI FISH
<input type="checkbox"/> FISH: Mantle Cell Lymphoma/IGH/CCND1 [t(11;14)] Useful to detect classical translocation in Mantle cell lymphoma.	MANTL FISH
<input type="checkbox"/> FISH: Follicular Lymphoma/IGH/BCL2 [t(14;18)(q32;18q21.3)] Useful to diagnose follicular lymphoma (>75%) and some diffuse large B-cell lymphomas.	FOLLC FISH
<input type="checkbox"/> FISH: Myeloid Disorder Panel (-5/5q-, -7/7q-, +8, 20q-) Useful for suspected MDS, CMML, JMML, following evolution of CML to accelerated phase.	MYELOID PR
<input type="checkbox"/> PCR: B-Cell (Heavy Chain) Gene Rearrangement 5mL (3mL) EDTA Whole Blood or 3mL (2mL) EDTA Bone marrow or Paraffin Tissue Block Useful in the diagnosis and prognosis of B-Cell malignancies, and to detect residual disease or recurrent disease.	BCELLGENE
<input type="checkbox"/> PCR: T-Cell Receptor (TCR) Gene Rearrangement 5mL (3mL) EDTA Whole Blood or 3mL (2mL) EDTA Bone marrow or Paraffin Tissue Block Useful for the diagnosis of T-cell lymphoid neoplasms, identification of minimal residual disease or early recurrence.	T GENE PCR
<input type="checkbox"/> PCR: PML/RARA t(15:17) Quantitative 5mL (3mL) EDTA Whole Blood or 3mL (2mL) Bone marrow – in EDTA or Sodium Heparin. Room Temperature. Useful in predicting beneficial response to all-trans retinoic acid therapy in Acute Promyelocytic Leukemias.	PML RARA
<input type="checkbox"/> PCR: BCR/ABL Quantitative Gene Rearrangement 5mL (3mL) EDTA Whole Blood or 3mL (2mL) Bone marrow – in EDTA or Sodium Heparin. Room Temperature. Useful for following therapy in CML. Reported as fused mRNA ratio and Log Reduction. Should not be used for the initial diagnosis but only for follow-up.	BCR GENE
<input type="checkbox"/> PCR: JAK2 Mutation (V617F) Reflex Exons 12, 13 5mL (3mL) EDTA Whole Blood or 3mL (2mL) Bone marrow – in EDTA or Sodium Heparin. Room Temperature. Useful in Myeloproliferative disorders such as Polycythemia Vera, Essential Thrombocythemia and Idiopathic Myelofibrosis	JAK 2 CELL

 Additional information/
 Special Requests: _____