RML HEMATOPATHOLOGY REQUISITION

RML REGIONAL MEDICAL LABORATORY
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PLA Pathology Laboratory Associates

PATIENT INFORMATION (Please Provide All Information)

LAST NAME (Please Print Legibly) FIRST MIDDLE	PATIENT MRN.	SEX M☐ F☐	DATE OF BIRTH [MM / DD / YYYY]

ORDERING PROVIDER	Dr PHONE NUMBER	PATIENT HOME PHONE NUMBER

ORDERING PROVIDER SIGNATURE

X:_____

COLLECTION DATE:

TIME: ☐ A.M. ☐ P.M.

Specimen Information

☐ Bone marrow and blood ☐ Slides: Case # _____ ☐ Body fluid: Type_____

☐ Peripheral blood Number of slides: _____ ☐ Tissue: Type_____

Note: Ordered tests may not be performed if appropriate diagnostic or pathologic codes are not submitted. Most cytogenetic, flow cytometry, FISH and molecular tests require pre-authorization obtained by ordering clinician for coverage. If there is no pre-authorization, an ABN form may be required to perform testing.

Clinical Findings or History **ICD10 codes (must have appropriate codes for testing):** _____ _____ _____ _____ _____ _____

☐ Anemia ☐ Neutropenia ☐ Lymphopenia ☐ Thrombocytopenia ☐ Blasts ☐ Neutrophilia
☐ Lymphocytosis ☐ Thrombocytosis ☐ Monocytosis ☐ Eosinophilia ☐ Polycythemia ☐ Monoclonal Gammopathy
☐ B-cell lymphoma/Lymphoproliferative disorder ☐ T-cell lymphoma/Lymphoproliferative disorder ☐ Hodgkin Lymphoma
☐ Plasma cell neoplasm: Type: _____ ☐ MDS: Type _____
☐ Leukemia: Type _____ ☐ MPN: Type _____
☐ Other: Specify _____

Diagnoses being considered

☐ Hodgkin Lymphoma {Flow cytometry and cytogenetics are NOT indicated for Hodgkin lymphoma}
☐ B-cell lymphoma/Lymphoproliferative disorder ☐ T-cell lymphoma/Lymphoproliferative disorder
☐ MGUS ☐ Plasma cell neoplasm ☐ Myelodysplastic Syndrome (MDS) ☐ Myeloproliferative neoplasm (MPN)
☐ Combined MPN/MDS (e.g. CMML) ☐ Leukemia (unspecified) ☐ AML ☐ ALL

Evaluation requested

☐ **Complete Bone marrow and peripheral blood evaluation**
(including flow cytometry, cytogenetics, FISH and molecular studies if indicated per pathologist findings and clinical concern)
☐ **Bone marrow and peripheral blood morphology**
☐ **Chromosomal karyotype analysis if indicated by pathologist findings**
☐ **FISH testing as indicated by pathologist findings**
☐ **PCR testing as indicated by pathologist findings**
☐ **Hemepath Consult Analyzer**
☐ **Hemepath Consult**
☐ **Tissue or fluid morphologic assessment**: Type _____

☐ **Flow cytometry:**
- ☐ As indicated based on clinical/morphologic findings
- ☐ Screening panel (most economical, evaluate blasts, lymphocytes, myeloid cells and expand if needed)
- ☐ Lymphoproliferative disorder/lymphoma (LPD) panel (T and B cell screen, expand if needed)
  - ☐ B-cell LPD panel ☐ T-cell LPD panel
- ☐ Plasma cell neoplasm
- ☐ Acute leukemia (uncertain lineage) Panel
  - ☐ AML panel ☐ ALL panel
- ☐ PNH panel

☐ **Microbiology Cultures -** ☐ **Aerobic** ☐ **Fungus** ☐ **AFB** (Note: Molecular testing recommended for viral infection evaluation, not viral cultures)

Additional cytogenetic/molecular testing that may be added as indicated: ***(If testing is to be performed regardless, mark specific tests below)***

☐ **Chromosomal karyotype analysis perform regardless**

Acute myeloid leukemia
- ☐ FISH: PML/RARA, t(15;17) for Acute Promyelocytic Leukemia
- ☐ FISH: 11q23 Rearrangement
- ☐ FISH: AML1/ETO, t(8,21)
- ☐ FISH: CBFB, Inv(16), t(16;16)
- ☐ FISH: BCR/ABL t(9;22)
- ☐ PCR: PML/RARA t(15;17), Quantitative
- ☐ PCR: CEBPA Mutation
- ☐ PCR: FLT3 Mutations (ITD and D835)
- ☐ PCR: NPM1 (Exon 12) Mutation

Acute lymphoblastic leukemia
- ☐ FISH: BCR/ABL, t(9;22)
- ☐ FISH: 11q23 Rearrangement

Myelodysplastic syndromes
- ☐ FISH: Myeloid Disorder Panel (chromosomes 5, 7, 8, 20)

Eosinophilia
- ☐ FISH: CHIC2 deletion (FIP1L1-PDGFRA) 4q12 { PDGFRB and FLP1 rearrangements will be detected by chromosomal karyotypic analysis}

Myeloproliferative neoplasms
- ☐ FISH: BCR/ABL t(9;22)
- ☐ PCR: BCR/ABL t(9;22), Quantitative
- ☐ PCR: JAK2 V617F Mutation
- ☐ NGS: MPN Molecular Panel including JAK2 exon 12, MPL, CALR, (only performed if negative for JAK2 V617F)
- ☐ PCR: KIT Mutation Analysis

Lymphoma, LPDs and Plasma cell neoplasms
- ☐ FISH: Myeloma Panel [P53 (17p13), IGH/MAF t(14;16), CDKN2C/CKS1B(1p32/1q21), IGH/FGFR3 t(4;14)]
- ☐ FISH: B-Cell CLL Panel [+12, del13q14.3, del 13q34, del17p13.1, del11q22.3]
- ☐ FISH: Mantle Cell Lymphoma CCND1/IGH t(11;14)
- ☐ FISH: Follicular Lymphoma IGH/BCL2 t(14;18)
- ☐ FISH: Burkitt Lymphoma, MYC/IGH t(8;14)
- ☐ FISH: MYC, 8q24 Rearrangement
- ☐ FISH: Double/triple-hit work-up [MYC w/ reflex to BCL2 (18q21), BCL6 (3q27)]
- ☐ PCR: Mantle Cell Lymphoma, CCND1/IGH t(11;14)
- ☐ PCR: B-Cell (IgH, Heavy Chain) Gene Rearrangement
- ☐ PCR: T-Cell Receptor (TCR) Gene Rearrangement