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
- Hemopath Consult Analyzer
- Hemopath Consult
- Tissue or fluid morphologic assessment: Type

**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
- 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/CSK1B (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

Please attach this form with RML Requisition