RML HEMATOPATHOLOGY REQUISITION

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_____ ☐ Other:
☐ MPN: Type_____ Specify_____
☐ Leukemia: Type _____

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 (MLL/KMT2A) Rearrangement
☐FISH: AML1/ETO, t(8,21)
☐FISH: CBFB, Inv(16), t(16;16)
☐FISH: BCR/ABL t(9;22)
☐NGS: Myeloid NGS Panel (includes all gene mutations below)
☐PCR: PML/RARA t(15;17), Quantitative
☐PCR: CEBPA Mutation
☐PCR: FLT3 Mutations (ITD)
☐PCR:RUNX1 Mutation
☐PCR:KIT Mutation
☐PCR: NPM1 (Exon 12) Mutation
☐PCR: IDH1/IDH2 Mutation
☐PCR:TP53 Mutation

Acute lymphoblastic leukemia

☐FISH: BCR/ABL, t(9;22)
☐FISH: BCR/ABL with reflex testing for BCR-ABL-like
☐FISH: 11q23 (MLL/KMT2A) Rearrangement
☐FISH: t(12:21) ETV/RUNX1

Myelodysplastic syndromes

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

Myeloproliferative neoplasms

☐ FISH: BCR/ABL t(9;22)
☐ PCR: BCR/ABL t(9;22), Quantitative
☐ PCR: JAK2 V617F Mutation
☐ MPN Molecular Panel including JAK2 exon 12, MPL, CALR, (only performed if negative for JAK2 V617F)
☐ FISH: CHIC2 deletion (FIP1L1-PDGFRA) 4q12 { PDGFRB and FLP1 rearrangements will be detected by chromosomal karyotypic analysis}
☐ PCR: KIT Mutation Analysis

Lymphoma, LPDs and Plasma cell neoplasms

☐ FISH: Myeloma Panel [t(4,14) FGFR2/IGH Fusion; t(11:14)CCND/IGH fusion; t(14:16) IGH/MAF fusion; TP53/17 cep loci: CKS1/CDKN2C loci
☐ 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