

Molecular Diagnostics Laboratory Request

Ordering Physician Physician Name: _____ Address: _____ _____ Phone: _____ Fax: _____ Signature: _____ UPIN# _____	Patient Information History /SS# _____ Patient Name: _____ Date of Birth: _____ Sex: _____ Home Address: _____ _____ Diagnosis: _____ ICD10: _____
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Billing Information

Bill to Institution Institution Name: _____

Billing Contact Information Name: _____ Phone #/EMail: _____
Address: _____

Bill to Patient; ATTACH COPY OF INSURANCE CARD (Front and Back) Preauthorization number, if applicable _____

Specimen Type:

Blood: 5-10 cc lavender-top EDTA tube Collection Date _____

Bone Marrow: 2-3 cc lavender-top EDTA tube

FFPE Tissue Block # _____ Collection Time _____

Slides # _____

Other _____

Requested Test:

Bone Marrow Engraftment:

Pre-BMT Comprehensive (**Must submit both recipient and donor samples**) Post-BMT Follow-up

T Cell Engraftment Follow Up (**blood only**) Post-BMT CD34+ Chimerism

Next-Gen Sequencing (NGS) Panels:

Leukemia Panel Leukemia Trials Panel Lymphoma Panel Solid Tumor Panel

Leukemia Translocation Tests:

BCR/ABL Diagnostic Test BCR/ABL p210 Followup BCR/ABL p190 Followup

AML/ETO and CBFB/MYH11 panel PML/RARA panel

Other Molecular Tests:

BRAF Mutation CEBPA Mutation IDH1/IDH2 Mutations

FLT3, ITD Mutation FLT3 TKI Resistance Mutations JAK2 V617F Mutation

NPM1 Mutation SOD2 Mutation Microsatellite Instability (MSI)

IgH PCR (B-cell clonality) TCR-Gamma PCR (T-cell clonality) Mole DNA PCR

1p19q LOH Medulloblastoma/Monosomy 6

SYT/SSX Synovial Sarcoma PAX/FOXO1 Alveolar Rhabdomyosarcoma

Prostate Cancer AR-V7 Assay (**Requires 21 cc Blood in yellow-top ACD tubes. Refrigerate and deliver to lab within 24 hours of collection**)

FOR LABORATORY USE ONLY

Molecular Path # _____ Specimen received date/time _____ Tech. Initials _____

Director: Dr. Ming-Tseh Lin CLIA License #21D0692357 PA License #29028A MD License #557
CAP inspected