

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 _____
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Specimen Type: <input type="checkbox"/> Blood: 5-10 cc lavender-top EDTA tube <input type="checkbox"/> Bone Marrow: 2-3 cc lavender-top EDTA tube <input type="checkbox"/> FFPE Tissue Block # _____ <input type="checkbox"/> Slides # _____	Collection Date _____ Collection Time _____
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Requested Test: For more information see https://pathology.jhu.edu/MolecularDiagnostics/ Bone Marrow Engraftment: <input type="checkbox"/> Pre-BMT Comprehensive (Must submit both recipient and donor samples) <input type="checkbox"/> T Cell Engraftment Follow Up (blood only) Next-Gen Sequencing (NGS) Panels: <input type="checkbox"/> Leukemia Panel <input type="checkbox"/> NGS Solid Tumor Panel <input type="checkbox"/> MYD88 and CXCR4 <input type="checkbox"/> Leukemia Trials Panel <input type="checkbox"/> NGS Solid Tumor Hotspot Panel <input type="checkbox"/> Myeloma Panel (bone marrow only) <input type="checkbox"/> Lymphoma Panel <input type="checkbox"/> Pancreatic Cyst Solid tumor Translocation Tests: <input type="checkbox"/> Actionable Fusion Panel <input type="checkbox"/> Custom Fusion Panel <input type="checkbox"/> Sarcoma Fusion panel <input type="checkbox"/> Comprehensive fusion panel Leukemia Translocation Tests: <input type="checkbox"/> BCR/ABL Diagnostic Test <input type="checkbox"/> AML/ETO and CBFβ/MYH11 panel <input type="checkbox"/> BCR/ABL p210 Followup <input type="checkbox"/> PML/RARA panel <input type="checkbox"/> BCR/ABL p190 Followup <input type="checkbox"/> Heme fusion panel Other Molecular Tests: <input type="checkbox"/> BRAF Mutation <input type="checkbox"/> FLT3, ITD Mutation <input type="checkbox"/> NPM1 Mutation <input type="checkbox"/> IgH PCR (B-cell clonality) <input type="checkbox"/> CEBPA Mutation <input type="checkbox"/> JAK2 V617F Mutation <input type="checkbox"/> Microsatellite Instability (MSI) <input type="checkbox"/> TCR-Gamma PCR (T-cell clonality) <input type="checkbox"/> IDH1/IDH2 Mutations <input type="checkbox"/> Mole DNA PCR <input type="checkbox"/> 1p19q LOH

FOR LABORATORY USE ONLY Molecular Path # _____ Specimen received date/time _____ Tech. Initials _____ Director: Dr. Rena Xian CLIA License #21D0692357 PA License #29028A MD License #557 CAP inspected
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