

## Molecular Diagnostics Laboratory Request

<b>Ordering Physician</b> Physician Name: _____ Address: _____ _____ Phone: _____ Fax: _____ Signature: _____ UPIN# _____	<b>Patient Information</b> History /SS# _____ Patient Name: _____ Date of Birth: _____ Sex: _____ Home Address: _____ _____ Diagnosis: _____ ICD10: _____
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<b>Billing Information</b> <input type="checkbox"/> <b>Bill to Institution</b> Institution Name: _____ <b>Billing Contact Information</b> Name: _____ Phone #/EMail: _____ Address: _____ <input type="checkbox"/> <b>Bill to Patient; ATTACH COPY OF INSURANCE CARD (Front and Back)</b> Preauthorization number, if applicable _____
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<b>Specimen Type:</b> <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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<b>Requested Test:</b> <b>For more information see <a href="https://pathology.jhu.edu/MolecularDiagnostics/">https://pathology.jhu.edu/MolecularDiagnostics/</a></b> <u>Bone Marrow Engraftment:</u> <input type="checkbox"/> Pre-BMT Comprehensive ( <b>Must submit both recipient and donor samples</b> ) <input type="checkbox"/> T Cell Engraftment Follow Up ( <b>blood only</b> ) <u>Next-Gen Sequencing (NGS) Panels:</u> <input type="checkbox"/> Leukemia Panel <input type="checkbox"/> NGS Solid Tumor Panel <u>Solid tumor Translocation Tests:</u> <input type="checkbox"/> Actionable Fusion Panel <input type="checkbox"/> Custom Fusion Panel <u>Leukemia Translocation Tests:</u> <input type="checkbox"/> BCR/ABL Diagnostic Test <input type="checkbox"/> AML/ETO and CBFβ/MYH11 panel <u>Other Molecular Tests:</u> <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"/> Leukemia Trials Panel <input type="checkbox"/> NGS Solid Tumor Hotspot Panel <input type="checkbox"/> Sarcoma Fusion panel <input type="checkbox"/> Comprehensive fusion panel <input type="checkbox"/> BCR/ABL p210 Followup <input type="checkbox"/> PML/RARA panel <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"/> Post-BMT Follow-up <input type="checkbox"/> Post-BMT CD34+ Chimerism <input type="checkbox"/> Lymphoma Panel <input type="checkbox"/> Pancreatic Cyst <input type="checkbox"/> BCR/ABL p190 Followup <input type="checkbox"/> Heme fusion panel <input type="checkbox"/> IDH1/IDH2 Mutations <input type="checkbox"/> Mole DNA PCR <input type="checkbox"/> 1p19q LOH
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<b>FOR LABORATORY USE ONLY</b>			
Molecular Path # _____	Specimen received date/time _____	Tech. Initials _____	
Director: Dr. Christopher Gocke	CLIA License #21D0692357	PA License #29028A	MD License #557 CAP inspected