Test Requisition Form

HEMATOPATHOLOGY

KSL Diagnostics
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REQUESTING DOCTOR

Last Name	First Name	
NPI #	Practice/Facility Name	
Address		
City	State	Zip
Telephone ( )	Fax ( )	
Email		
Physician Signature (Required by CMS)		

CLINICAL INFORMATION

Please attach copy of clinical history and laboratory/pathology reports.

Diagnosis/Indication for Testing

ICD Dx Code

Disease Status	☐ New Diagnosis	☐ Follow-Up	☐ Relapse	
Treatment	☐ None	☐ Chemo	☐ Radiation	☐ BMT ☐ Other
If BMT, Sex of Donor	☐ Male	☐ Female		
WBC Count	% of Blast			

SPECIMEN LABEL INSTRUCTIONS

1. Complete this requisition with all requested information
2. Label specimen with 2 unique identifiers
3. Clearly print the patient name – DO NOT write on the bar code
4. Place 1 label on each specimen container (not on the lid)
5. Dispose of any unused labels from this sheet

PATIENT INFORMATION

Name		
Social Security #	Hospital Med. Rec. #	
Date of Birth	Sex ☐ Male ☐ Female	
Address		
City	State	Zip
Telephone ( )	Email	

BILLING INFORMATION

For insurance billing, provide complete insurance information or send photocopy of patient's insurance card. If not billing insurance, doctor or lab, please include credit card information to ensure prompt results.

☐ Medicare #, If Applicable

☐ Insurance Name

Address

City	State	Zip
Telephone ( )	Fax ( )	
Insurance ID #	Group #	
Subscriber Name		DOB

ICD-10 Codes

☐ Visa ☐ MasterCard ☐ American Express

Credit Card # Exp Date

I accept responsibility for bills related to testing of my specimen

Patient Signature

CHROMOSOME ANALYSIS AND FISH

SPECIMEN INFORMATION: Please see under each test method.

Specimen ID # _____

Specimen Type

☐ Peripheral Blood (5-10 mL in Sodium Heparin tube (Green Top))

☐ Bone Marrow (1-3 mL in Sodium Heparin tube (Green Top))

☐ Paraffin-embedded tissue (Paraffin block with a minimum of 0.2 cm^3 tissue or unstained 4-5 µM thick tissue sections on positively charged glass slides (2 slides per probe) and 1 corresponding H&E stained slide with area of interest marked)

Fixative: ☐ 10% Neutral Buffered Formalin
☐ Other _____
Hours Fixed _____

☐ Other (Specify tissue/fluid type, body site, surgical procedure)

_____
_____
_____

Collection Date/Time _____

☐ **CHROMOSOME ANALYSIS** ☐ **CHROMOSOME WITH REFLEX TO FISH PANEL**

FISH Tests

Requisition Test Name	Code	Individual Tests
☐ Chronic Myeloid Leukemia	CML	☐ ABL1,ASS1/BCR
☐ Myeloproliferative Neoplasms	MPN	☐ PDGFRA/CHIC2/KIT
		☐ PDGFRB
		☐ FGFR1
☐ Myelodysplastic Syndrome	MDS	☐ del(5q)/EGR1
		☐ del(7q)
		☐ Con 8
		☐ del(20q)
☐ Acute Myeloma Leukemia	AML	☐ MECOM
		☐ del(5q)/EGR1
		☐ del(7q)
		☐ RUNX1T1/RUNX1
		☐ KMT2A
		☐ PML/RARA
		☐ CBFB
		☐ RARA
☐ Acute Lymphoblastic Leukemia	ALL	☐ PBX1/TCF3
		☐ MYC
		☐ CDKN2A/CON9
		☐ ABL1,ASS1/BCR
		☐ KMT2A
		☐ IGH
☐ Other Probes (Please Specify)		

Requisition Test Name	Code	Individual Tests
☐ Chronic Lymphocytic Leukemia	CLL	☐ CON6/Myb
		☐ ATM/CON12
		☐ CCND1/IGH
		☐ DLEU1/LAMP1
		☐ TP53
☐ Multiple Myeloma	MM	☐ 1p/1q
		☐ CON7/CON9
		☐ RB1/CON11
		☐ IGH
		☐ TP53
	MM REFLEX	☐ FGFR3/IGH
		☐ CCND1/IGH
		☐ IGH/MAF
☐ Lymphoma		☐ ALK
		☐ BCL6
		☐ MYC
		☐ BIRC3
		☐ IGH
		☐ MALT1
		☐ MYC/IGH
		☐ CCND1/IGH
		☐ IGH/BCL2
		☐ BIRC3/MALT1
		☐ IGH/MALT1
☐ BM Transplant	BMT	☐ DXZ1/DYZ3

MOLECULAR

SPECIMEN INFORMATION: Please see under each test method.

Specimen ID # _____

Specimen Type

☐ Peripheral Blood (5-10 mL in EDTA tube (Purple Top))

☐ Bone Marrow (1-3 mL in EDTA tube (Purple Top))

☐ Other (Specify tissue/fluid type, body site, surgical procedure)

_____
_____

Collection Date/Time _____

☐ Paraffin-embedded tissue (Paraffin block with a minimum of 0.2 cm^3 tissue or unstained 4-5 µM thick tissue sections on positively charged glass slides (5-10 slides depending on size of tissue) and 1 corresponding H&E stained slide with area of interest marked)

Fixative: ☐ 10% Neutral Buffered Formalin
☐ Other _____
Hours Fixed _____

Molecular Tests

☐ BCR-ABL1 (P210) quantitative
☐ JAK2 V617F
☐ CALR
☐ MPL
☐ JAK2 reflex CALR, MPL
☐ JAK2 reflex Exon12

☐ **Extract and hold**

☐ T cell Clonality (TCRG)
☐ B cell Clonality
☐ FLT3
☐ NPM1
☐ Other tests (please specify) :

_____
_____