HEMATOPATHOLOGY CONSULT REQUISITION

MLabs
Expertise Delivered Personally

Michigan Medicine – University of Michigan
Department of Pathology – MLabs
UH 2F361 • 1500 E. Medical Center Drive
Ann Arbor, MI 48109-5054
734-936-2598 • 800-862-7284
www.mlabs.umich.edu

Client
REFR
Ward
REFR

Patient Reg or MRN:

Patient Name: Last First MI

Birthdate: Gender: ○M ○F

Ordering Doctor: Last First NPI#

Patient Address City State ZIP Home Phone #

Policy Holders Name | Primary Insurance (Card Name) | Primary Policy/Contract # | Primary Group # | Policy Holders DOB

Policy Holders Name | Secondary Insurance (Card Name) | Secondary Policy/Contract # | Secondary Group # | Policy Holders DOB

Bill To: ☐ Client/Referring Institution ☐ Patient/Insurance

☐ Medicare = ☐ In Patient on DOS ☐ Out Patient on DOS ☐ Non Patient on DOS

If patient or insurance information is not included or attached to this form, your facility will be billed. For Medicare patients classified as a hospital inpatient or outpatient on the date of service, charges must be billed to the referring client.

ICD-10 CODES

ICD-10 Codes are required for billing. When ordering tests for which reimbursement will be sought, order only tests that are medically necessary for the diagnosis and treatment of the patient.

REFERRING PHYSICIAN TO BE CONTACTED WITH RESULTS AND/OR QUESTIONS

Referring Physician Referring Institution Phone Fax

Address City State ZIP Country

This request to order tests from MLabs certifies to MLabs that (1) the ordering physician has obtained written informed consent from the patient as required by applicable state or federal laws for each test ordered and (2) the ordering physician has authorization from the patient permitting MLabs to report results for each test ordered to the ordering physician.

☐ STAT PROCESSING

Collection Date: _____ Time: _____ (○am ○pm) Footnote: Case/Accn #

MATERIALS SENT ☐ EXTRACTED DNA (PLEASE INDICATE SOURCE):

☐ **Bone Marrow Asp.** ☐ *Na Heparin(G) green* # _____ ☐ *EDTA(L) lavender* # _____ ☐ **Fresh Tissue** ☐ **Fluid** ☐ **Other** *source*_____ ☐ **Paraffin Block #** _____

☐ **Peripheral Blood** ☐ *Na Heparin(G) green* # _____ ☐ *EDTA(L) lavender* # _____ ☐ **Unstained Slides (not baked) #** _____ ☐ **H & E Slides #** _____

PATIENT HISTORY/DIAGNOSIS (REQUIRED)

PATIENT STATUS: ☐ NEW DIAGNOSIS ☐ RELAPSE ☐ MONITORING ☐ MIN. RESIDUAL DISEASE

☐ Non-Hodgkin Lymphoma(NHL) ☐ __ B-Cell ☐ __ T-Cell
☐ Follicular Lymphoma ☐ Mantle Cell Lymphoma
☐ MALT Lymphoma ☐ Burkitt vs Large B-Cell
☐ Plasma Cell Dyscrasia/Multiple Myeloma
☐ Hodgkin Lymphoma
☐ Chronic Lymphoproliferative Disorders
☐ CLL/SLL ☐ Hairy Cell Leukemia (HCL)

☐ Acute Leukemia
☐ AML ☐ ALL ☐ APL
☐ Myeloproliferative Disorders (MPD)
☐ CML ☐ PV ☐ ET
☐ Myelodysplastic Syndrome (MDS) ☐ CMMoL

☐ PNH
☐ Reactive Hyperplasia
☐ Cytopenias
☐ LAD
☐ Leukocytosis
☐ NOS/Other _____

TREATMENT

☐ None
☐ Current
☐ >1 Month ago
☐ Induction ___ days ago
☐ Radiotherapy

CHEMOTHERAPY

☐ Rituxan® ☐ Campath®
☐ GCSF ☐ Gleevec®
☐ GMCSF ☐ EPO
☐ Other:_____
_____

The tests below may include microdissection and/or reflex testing at a separate additional charge. All tests include pathologist interpretation at a separate additional charge.

CONSULTATIVE SERVICES

☐ **COMPREHENSIVE PRIMARY DIAGNOSIS ON REFERRED SPECIMENS:** Bone marrow study includes: bone marrow morphology evaluation, Cytogenetics evaluation, and triage for Flow Cytometry and/or Molecular Diagnostics studies if indicated.
REQUIRED: BM clot, BM core biopsy, 5 BM aspirate smears, 3 PB smears, BM in 3 green tops (G), BM in 1 lavender top (L), copy of most recent complete blood cell and platelet count (CBC).

☐ **AUTHORIZATION:** In addition to what has been ordered, the UMHS Pathologist is authorized to addother testing as needed to assist in evaluation.

CYTOGENETICS

☐ Chromosome Analysis (Culture and Karyotype) G
☐ Cancer Cytogenomics Array G, TR

FISH ONCOLOGY PROBES G

☐ BCR/ABL[t(9:22)] ☐ PML/RARA [t(15;17)]
☐ CLL Panel ☐ Eosinophilia Panel
☐ IGH/CCND1 [t(11;14)] ☐ Multiple Myeloma Panel

The following FISH require an additional green top:
☐ Myelodysplastic Syndrome Panel MML MDSF G

FLOW CYTOMETRY

Send copy of most recent WBC, platelet and differential (CBC).
CSF specimens please include copy of fluid count and differential.

☐ Leukemia / Lymphoma Panel to be determined by testing laboratory F, TR, G
☐ Panel 1: Stem cell neoplasm/Acute Leukemia F, TR, G
☐ Panel 2: Mature Lymphoid Leukemia/ Non-Hodgkin Lymphoma (without plasma cells) F, TR, G
☐ LGL/NK markers ☐ HCL markers
☐ Panel 3: Plasma Cell/Multiple Myeloma F, TR, G
☐ Panel 4: Comprehensive F, TR, G
(combined panels 1, 2 without plasma cells)
☐ Panel 5: Cutaneous T-cell Lymphoma G (PB only)
(T-cell subsets and pan T-cell epitopes only)
☐ Panel 6: Mastocytosis G (BM only)
☐ Panel 7: Rituximab G (PB only)
☐ Panel 8: Paroxysmal Nocturnal Hemoglobinuria (PNH) ACD - soln A or soln B (PB only)

☐ HOLD until notified by client
(Please contact MLabs (800-862-7284) by 12 noon day after submission to ensure optimal specimen viability for flow cytometry analysis)

MOLECULAR DIAGNOSTICS

ACUTE MYELOID LEUKEMIA

☐ NPM1 Mutation ┐
☐ FLT3 Mutation ├ ☐ CEBPA if NPM1 & FLT3 are both negative T, L
☐ CEBPA Mutation L
☐ IDH1 and IDH2 Mutations T, L
☐ KIT D816V Mutation T, L
☐ KIT Mutation for AML - Exons 8, 17 T, L
☐ PML/RARA t(15;17) Translocation (PCR) Qualitative T, L

MYELOPROLIFERATIVE NEOPLASMS (MPN) / CML

☐ JAK2 V617F Mutation L
If JAK2 V617F is negative, perform: ☐ CALR ☐ MPL ☐ JAK2 Exon 12 L
☐ JAK2 Exon 12 Mutation L
☐ CALR Mutation L
☐ MPL Mutation L
☐ KIT D816V Mutation T, L
☐ BCR/ABL1 Analysis, Quantitative L
☐ BCR/ABL1 Kinase Domain Mutation L

LYMPHOMA

☐ B Cell Clonality (IGH & IGK Gene Rearrangement) T, L
☐ B Cell Clonality (IGH Gene Rearrangement) T, L
☐ B Cell Clonality (IGK Gene Rearrangement) T, L
☐ T Cell Clonality (TRG & TRB Gene Rearrangement) T, L
☐ T Cell Clonality (TRG Gene Rearrangement) T, L
☐ T Cell Clonality (TRB Gene Rearrangement) T, L
☐ IGH/BCL2 t(14;18) Translocation (PCR) T, L
☐ IGH/BCL2 t(14;18) Translocation (FISH) S, T
☐ BCL6 (3q27) Rearrangement (FISH) S, T
☐ MYC (8q24) Rearrangement (FISH) S, T
☐ MALT1 (18q21) Rearrangement (FISH) S, T
☐ MYD88 (L265P) Mutation S, T, L
☐ BRAF V600E/V600K Mutations S, T, L

Specimen Type: L = EDTA S = 1 H&E + 8 Unstained Slides BM = Bone Marrow T = Tissue TR = Fresh Tissue G = Sodium Heparin F = Fluid PB = Peripheral Blood

Copy Distribution: White – MLabs Mol Dx Yellow – MLabs SP Pink – Client

Revised: 4-24-2018 D-REFR