

University of Michigan Health System
Department of Pathology - MLabs
UH 2F361 • 1500 E. Medical Center Drive
Ann Arbor, MI 48109-5054
734-936-2598 • 800-862-7284

Client	Patient Reg or MRN:		
	Patient Name: Last	First	MI
Ward	Birthdate:	Gender: <input type="radio"/> M <input type="radio"/> 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: <input type="checkbox"/> Client/Referring Institution <input type="checkbox"/> Patient/Insurance <input type="checkbox"/> Medicare = <input type="checkbox"/> In Patient on DOS <input type="checkbox"/> Out Patient on DOS <input type="checkbox"/> 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.
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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: _____ (Oam Opn) 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)

- 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)

PATIENT STATUS: NEW DIAGNOSIS RELAPSE MONITORING MIN. RESIDUAL DISEASE

- Acute Leukemia PNH
 AML ALL APL Reactive Hyperplasia
 Myeloproliferative Disorders (MPD) Cytopenias
 LAD
 CML PV ET Leukocytosis
 Myelodysplastic Syndrome (MDS) NOS/Other CMMoL

TREATMENT

- None Rituxan® Campath®
 Current GCSF Gleevec®
 >1 Month ago GMCSF EPO
 Induction ___ days ago Other: _____
 Radiotherapy

CHEMOTHERAPY

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 add other testing as needed to assist in evaluation.

CYTOGENETICS

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

FISH ONCOLOGY PROBES

- BCR/ABL[t(9;22)] G
 PML/RARA [t(15;17)] G
 CLL Panel
 Eosinophilia Panel
 IGH/CCND1 [t(11;14)] G

The following FISH require an additional green top:

- Multiple Myeloma Panel MML PCPDF G
 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 F, TR, G
 by testing laboratory
 Panel 1: Stem cell neoplasm/Acute Leukemia F, TR, G
 Panel 2: Mature Lymphoid Leukemia/ F, TR, G
 Non-Hodgkin Lymphoma (without plasma cells)
 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 ACD - soln A
 Hemoglobinuria (PNH) 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 CEBPA if NPM1 & FLT3 are both negative T, L
 FLT3 Mutation L
 CEPBA 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: 5-11-2016 D-REFR