



MOLECULAR DIAGNOSTICS REQUISITION

Expertise Delivered Personally

MLabs N-LNC Specimen Processing
Department of Pathology & Clinical Laboratories
2800 Plymouth Rd, Bldg 35
Ann Arbor, MI 48109-2800
734-936-2598 • 800-862-7284
www.mlabs.umich.edu

Client	Patient Reg or MRN:		
	Patient Name: Last	First	MI
Ward	Birthdate:		Gender: OM OF
	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	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.
<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	

Prior Authorization: Most insurance carriers require prior authorization for payment. To obtain BCN prior authorization call Joint Venture Hospital Laboratories (JVHL) at 800-445-4979; for HAP refer to CareAffiliate via www.hap.org; for all others, contact the plan directly.

Prior authorization obtained Authorization number: _____

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

PATIENT HISTORY/DIAGNOSIS

Diagnosis: _____ Collection Date: _____ Time: _____ (Oam Opm) 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 # _____

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.

ACUTE MYELOID LEUKEMIA

- NPM1 Mutation CEBPA if NPM1 & FLT3 are both negative T, L
- FLT3 Mutation 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

- JAK2 V617F Mutation L
if JAK2 V617F is negative, perform: CALR MPL JAK2 Exon 12
- 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 (IGK Gene Rearrangement) T, L
- B Cell Clonality (IGH 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

COLORECTAL AND ENDOMETRIAL CANCER

- Colorectal Cancer NGS Panel (mutation, amplification, fusion) S, T
- KRAS Mutation S, T
- NRAS Mutation S, T
- Microsatellite Instability Analysis S, T
if MSI-H, perform BRAF V600E MLH1 Promoter Methylation

COLORECTAL AND ENDOMETRIAL CANCER Cont.

- BRAF V600E/V600K Mutations S, T
- MLH1 Promoter Methylation S, T
- Germline MLH1 Promoter Methylation L
- UGT1A1 Promoter Genotyping S, T

GASTROINTESTINAL STROMAL TUMOR

- KIT Mutation - Exons 9,11,13,17 S, T
if KIT is negative, perform: PDGFRA BRAF V600E
- PDGFRA Mutation for GIST S, T

GENITOURINARY TUMOR

- ERG Rearrangement (FISH) (Cytogenetics lab) S, T
- TFE3 (Xp11.2) Rearrangement (FISH) for Renal Cell CA & Other Tumors (Cytogenetics lab) S, T
- TFEB (6p21) Rearrangement (FISH) for Renal Cell Carcinoma (Cytogenetics lab) S, T
- BRAF (7q34) Rearrangement (FISH) S, T

GLIOMA

- IDH1 and IDH2 Mutations S, T
- 1p/19q Deletion (FISH) S, T
- BRAF (7q34) Rearrangement (FISH) S, T
- BRAF V600E/V600K Mutations S, T
- MGMT Promoter Methylation S, T
- TERT Promoter Mutation S, T

LUNG CANCER

- Lung Cancer NGS Panel (mutation, amplification, fusion) S, T
with PD-L1 Immunohistochemistry (Sendout PDL1)
- EGFR Mutation (NGS) S, T
- BRAF V600E/V600K Mutations S, T
- KRAS Mutation S, T
- ALK Rearrangement for NSCLC (FISH) S, T
- ROS1 (6q22) Rearrangement (FISH) S, T
- RET (10q11) Rearrangement (FISH) S, T
- MET Amplification (FISH) S, T
- PD-L1 Immunohistochemistry (Sendout PDL1) S, T

MELANOMA

- Melanoma NGS Panel (mutation, amplification, fusion) S, T
- BRAF V600E/V600K Mutations S, T
- BRAF (7q34) Rearrangement (FISH) S, T
- KIT Mutation for Melanoma - Exons 8, 9, 11, 13, 17 S, T
- NRAS Mutation S, T
- TERT Promoter Mutation S, T

SARCOMA

- SYT/SSX Translocation (PCR) S, T
- PAX/FOXO1 Translocation (PCR) S, T
- EWSR1/WT1 Translocation (PCR) S, T
- EWSR1/ATF1 Translocation (PCR) S, T
- EWSR1/FLI1 & EWSR1/ERG Translocation (PCR) S, T
- EWSR1 (22q12) Rearrangement (FISH) S, T
- MDM2 Amplification (FISH) S, T
- CIC (19q13) Rearrangement (FISH) S, T

THYROID CANCER

- BRAF V600E/V600K Mutations S, T
- BRAF (7q34) Rearrangement (FISH) S, T
- TERT Promoter Mutation S, T

MISCELLANEOUS

- Solid Tumor NGS Panel (mutation, amplification, fusion) S, T
- HER2 (FISH) S, T
- UroVysion™ (FISH) (Bladder Cancer) U
- Biliary Tract Malignancy (FISH) B
- Bone Marrow Transplant Engraftment Analysis L

GENETICS

- Cystic Fibrosis Carrier Screening L
- Factor V Leiden Mutation L
- Prothrombin 20210 Mutation L
- UGT1A1 Promoter Genotyping L
- Apolipoprotein E Genotyping L
- Hereditary Hemochromatosis Mutation L

Specimen Type: L = EDTA S = 1 H&E + 8 Unstained Slides T = Tissue U = Urine (UroCyte Collection Kit) B = Brushing

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

Revised: 7-12-2018 E-REFR