



# 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 #
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Policy Holders Name	Primary Insurance (Card Name)	Primary Policy/Contract #	Primary Group #	Policy Holders DOB
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Policy Holders Name	Secondary Insurance (Card Name)	Secondary Policy/Contract #	Secondary Group #	Policy Holders DOB
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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  FLT3 Mutation  CEBPA Mutation  IDH1 and IDH2 Mutations  KIT D816V Mutation  KIT Mutation for AML - Exons 8, 17  PML/RARA t(15;17) Translocation (PCR) Qualitative

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

### MYELOPROLIFERATIVE NEOPLASMS

JAK2 V617F Mutation  JAK2 Exon 12 Mutation  CALR Mutation  MPL Mutation  KIT D816V Mutation  BCR/ABL1 Analysis, Quantitative  BCR/ABL1 Kinase Domain Mutation

L  
L  
L  
L  
T, L  
L  
L

### LYMPHOMA

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

T, L  
T, L  
T, L  
T, L  
T, L  
T, L  
T, L  
S, T  
S, T  
S, T  
S, T, L  
S, T, L

### COLORECTAL AND ENDOMETRIAL CANCER

Colorectal Cancer NGS Panel (mutation, amplification, fusion)  KRAS Mutation  NRAS Mutation  Microsatellite Instability Analysis  BRAF V600E  MLH1 Promoter Methylation

S, T  
S, T  
S, T  
S, T

### COLORECTAL AND ENDOMETRIAL CANCER Cont.

BRAF V600E/V600K Mutations  MLH1 Promoter Methylation  Germline MLH1 Promoter Methylation  UGT1A1 Promoter Genotyping

S, T  
S, T  
L  
S, T

### GASTROINTESTINAL STROMAL TUMOR

KIT Mutation - Exons 9,11,13,17  PDGFRA Mutation for GIST

S, T  
S, T

### GENITOURINARY TUMOR

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

S, T  
S, T  
S, T  
S, T

### GLIOMA

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

S, T  
S, T  
S, T  
S, T  
S, T  
S, T

### LUNG CANCER

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

S, T  
S, T  
S, T  
S, T  
S, T  
S, T  
S, T  
S, T  
S, T

### MELANOMA

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

S, T  
S, T  
S, T  
S, T  
S, T  
S, T

### SARCOMA

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

S, T  
S, T  
S, T  
S, T  
S, T  
S, T  
S, T

### THYROID CANCER

BRAF V600E/V600K Mutations  BRAF (7q34) Rearrangement (FISH)  TERT Promoter Mutation

S, T  
S, T  
S, T

### MISCELLANEOUS

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

S, T  
S, T  
U  
B  
L

### GENETICS

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

L  
L  
L  
L  
L  
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