



# MOLECULAR DIAGNOSTICS REQUISITION

Expertise Delivered Personally

Michigan Medicine – University of Michigan  
Department of Pathology – MLabs  
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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:  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.

## 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.

<b>ACUTE MYELOID LEUKEMIA</b> <input type="checkbox"/> NPM1 Mutation <input type="checkbox"/> FLT3 Mutation <input type="checkbox"/> CEBPA Mutation <input type="checkbox"/> IDH1 and IDH2 Mutations <input type="checkbox"/> KIT D816V Mutation <input type="checkbox"/> KIT Mutation for AML - Exons 8, 17 <input type="checkbox"/> PML/RARA t(15;17) Translocation (PCR) Qualitative <input type="checkbox"/> CEBPA if NPM1 & FLT3 are both negative <b>MYELOPROLIFERATIVE NEOPLASMS</b> <input type="checkbox"/> JAK2 V617F Mutation <input type="checkbox"/> JAK2 Exon 12 Mutation <input type="checkbox"/> CALR Mutation <input type="checkbox"/> MPL Mutation <input type="checkbox"/> KIT D816V Mutation <input type="checkbox"/> BCR/ABL1 Analysis, Quantitative <input type="checkbox"/> BCR/ABL1 Kinase Domain Mutation <input type="checkbox"/> CALR <input type="checkbox"/> MPL <input type="checkbox"/> JAK2 Exon 12 <b>LYMPHOMA</b> <input type="checkbox"/> B Cell Clonality (IGH & IGK Gene Rearrangement) <input type="checkbox"/> B Cell Clonality (IGK Gene Rearrangement) <input type="checkbox"/> B Cell Clonality (IGH Gene Rearrangement) <input type="checkbox"/> T Cell Clonality (TRG & TRB Gene Rearrangement) <input type="checkbox"/> T Cell Clonality (TRG Gene Rearrangement) <input type="checkbox"/> T Cell Clonality (TRB Gene Rearrangement) <input type="checkbox"/> IGH/BCL2 t(14;18) Translocation (PCR) <input type="checkbox"/> IGH/BCL2 t(14;18) Translocation (FISH) <input type="checkbox"/> BCL6 (3q27) Rearrangement (FISH) <input type="checkbox"/> MYC (8q24) Rearrangement (FISH) <input type="checkbox"/> MALT1 (18q21) Rearrangement (FISH) <input type="checkbox"/> MYD88 (L265P) Mutation <input type="checkbox"/> BRAF V600E/V600K Mutations	<b>COLORECTAL AND ENDOMETRIAL CANCER Cont.</b> <input type="checkbox"/> BRAF V600E/V600K Mutations <input type="checkbox"/> MLH1 Promoter Methylation <input type="checkbox"/> Germline MLH1 Promoter Methylation <input type="checkbox"/> UGT1A1 Promoter Genotyping <b>GASTROINTESTINAL STROMAL TUMOR</b> <input type="checkbox"/> KIT Mutation - Exons 9,11,13,17 <input type="checkbox"/> PDGFRA Mutation for GIST <input type="checkbox"/> BRAF V600E <b>GENITOURINARY TUMOR</b> <input type="checkbox"/> ERG Rearrangement (FISH) (Cytogenetics lab) <input type="checkbox"/> TFE3 (Xp11.2) Rearrangement (FISH) for Renal Cell CA & Other Tumors (Cytogenetics lab) <input type="checkbox"/> TFEB (6p21) Rearrangement (FISH) for Renal Cell Carcinoma (Cytogenetics lab) <input type="checkbox"/> BRAF (7q34) Rearrangement (FISH) <b>GLIOMA</b> <input type="checkbox"/> IDH1 and IDH2 Mutations <input type="checkbox"/> 1p/19q Deletion (FISH) <input type="checkbox"/> BRAF (7q34) Rearrangement (FISH) <input type="checkbox"/> BRAF V600E/V600K Mutations <input type="checkbox"/> MGMT Promoter Methylation <input type="checkbox"/> TERT Promoter Mutation <b>LUNG CANCER</b> <input type="checkbox"/> Comprehensive NSCLC Mutation Panel (NGS) with ALK, ROS1, and RET FISH* with PD-L1 Immunohistochemistry (Sendout PDL1) <input type="checkbox"/> EGFR Mutation (NGS) <input type="checkbox"/> BRAF V600E/V600K Mutations <input type="checkbox"/> KRAS Mutation <input type="checkbox"/> ALK Rearrangement for NSCLC (FISH) <input type="checkbox"/> ROS1 (6q22) Rearrangement (FISH) <input type="checkbox"/> RET (10q11) Rearrangement (FISH) <input type="checkbox"/> MET Amplification (FISH) <input type="checkbox"/> PD-L1 Immunohistochemistry (Sendout PDL1)	<b>MELANOMA</b> <input type="checkbox"/> Comprehensive Melanoma Mutation Panel (NGS) <input type="checkbox"/> BRAF V600E/V600K Mutations <input type="checkbox"/> BRAF (7q34) Rearrangement (FISH) <input type="checkbox"/> KIT Mutation for Melanoma - Exons 11,13,17 <input type="checkbox"/> NRAS Mutation <input type="checkbox"/> TERT Promoter Mutation <b>SARCOMA</b> <input type="checkbox"/> SYT/SSX Translocation (PCR) <input type="checkbox"/> PAX/FOXO1 Translocation (PCR) <input type="checkbox"/> EWSR1/WT1 Translocation (PCR) <input type="checkbox"/> EWSR1/ATF1 Translocation (PCR) <input type="checkbox"/> EWSR1/FLI1 & EWSR1/ERG Translocation (PCR) <input type="checkbox"/> EWSR1 (22q12) Rearrangement (FISH) <input type="checkbox"/> MDM2 Amplification (FISH) <input type="checkbox"/> CIC (19q13) Rearrangement (FISH) <b>THYROID CANCER</b> <input type="checkbox"/> BRAF V600E/V600K Mutations <input type="checkbox"/> BRAF (7q34) Rearrangement (FISH) <input type="checkbox"/> TERT Promoter Mutation <b>MISCELLANEOUS</b> <input type="checkbox"/> HER2 (FISH) <input type="checkbox"/> UroVysion™ (FISH) (Bladder Cancer) <input type="checkbox"/> Biliary Tract Malignancy (FISH) <input type="checkbox"/> Bone Marrow Transplant Engraftment Analysis <b>GENETICS</b> <input type="checkbox"/> Cystic Fibrosis Carrier Screening <input type="checkbox"/> Factor V Leiden Mutation <input type="checkbox"/> Prothrombin 20210 Mutation <input type="checkbox"/> UGT1A1 Promoter Genotyping <input type="checkbox"/> Apolipoprotein E Genotyping <input type="checkbox"/> Hereditary Hemochromatosis Mutation * RESULTS FOR EACH GENE WILL BE REPORTED SEPARATELY.
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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: 6-20-2017 E-REFR