



MOLECULAR DIAGNOSTICS REQUISITION

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	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.

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

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