MLabs

Expertise Delivered Personally

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MOLECULAR DIAGNOSTICS REQUISITION

Client
REFR

Ward
REFR

Patient Reg or MRN:

Patient Name: Last First MI

Birthdate: Gender: ○M ○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: ☐ 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.

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: _____ (○am ○pm) 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 — 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 (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 — S, T

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: 3-20-2018 E-REFR