



Michigan Medicine Laboratories (MLabs)

N-LNC Specimen Processing
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MOLECULAR DIAGNOSTICS REQUISITION

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.			
<input type="checkbox"/> 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/body site _____ ☐ 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-ITD 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) Quantitative 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
If MYC is positive, perform ☐ IGH/BCL2 (FISH) ☐ BCL6 (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
☐ BRAF V600E/V600K Mutations S, T

COLORECTAL AND ENDOMETRIAL CANCER Cont.

☐ MLH1 Promoter Methylation S, T
☐ Germline MLH1 Promoter Methylation L
☐ UGT1A1 Promoter Genotyping L

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 S, T
Cell CA & Other Tumors (Cytogenetics lab)
☐ TFEB (6p21) Rearrangement (FISH) for Renal Cell Carcinoma S, T
(Cytogenetics lab)
☐ 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 (22C3 Lung)
☐ 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 (22C3 Lung) S, T

MELANOMA

☐ Melanoma NGS Panel (mutation, amplification, fusion) S, T
☐ BRAF V600E/V600K Mutations S, T

MELANOMA Cont.

☐ 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
☐ RET Mutation S, T
☐ TERT Promoter Mutation S, T

BREAST CANCER

☐ Solid Tumor NGS Panel (mutation, amplification, fusion) S, T
☐ HER2 (FISH) Send with corresponding IHC slide and report S, T
☐ PIK3CA Mutation S, T

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

MISCELLANEOUS

☐ UroVysion™ (FISH) (Bladder Cancer) U
☐ Biliary Tract Malignancy (FISH) B
☐ Mesothelioma FISH S, T
☐ Bone Marrow Transplant Engraftment Analysis L

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

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

Revised: 12-30-2019 E-REFR