



Michigan Medicine Laboratories (MLabs)

N-LNC Specimen Processing
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HEMATOPATHOLOGY CONSULT REQUISITION

Client Patient Reg or MRN:
Patient Name: Last First MI
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.

STAT PROCESSING

Collection Date: Time: (Oam Op) 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 #

PATIENT HISTORY/DIAGNOSIS (REQUIRED)

Non-Hodgkin Lymphoma(NHL) B-Cell T-Cell
Follicular Lymphoma Mantle Cell Lymphoma
MALT Lymphoma Burkitt vs Large B-Cell
CLL/SLL Hairy Cell Leukemia (HCL)
Plasma Cell Dyscrasia/Multiple Myeloma
Hodgkin Lymphoma

PATIENT STATUS: NEW DIAGNOSIS RELAPSE MONITORING MIN. RESIDUAL DISEASE

Acute Leukemia Myelodysplastic Syndrome (MDS)
AML B-ALL T-ALL CMMoL
APL PNH
Myeloproliferative Disorders (MPD)
Cytopenias
CML PV ET LAD
PMF Leukocytosis
Other

TREATMENT CHEMOTHERAPY
None Anti-CD19
Current Anti-CD20
>1 Month ago Anti-CD38
Induction days ago GCSF Gleevec
Radiotherapy GMCSF EPO
Other:

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.

CONSULTATIVE SERVICES

COMPREHENSIVE PRIMARY DIAGNOSIS ON REFERRED SPECIMENS: Bone marrow study includes: bone marrow morphology evaluation, Cytogenetics evaluation, and triage for Flow Cytometry and/or Molecular Diagnostics studies if indicated.
REQUIRED: BM clot, BM core biopsy, 5 BM aspirate smears, 3 PB smears, BM in 3 green tops (G), BM in 1 lavender top (L), copy of most recent complete blood cell and platelet count (CBC).
AUTHORIZATION: In addition to what has been ordered, the UMHS Pathologist is authorized to add other testing as needed to assist in evaluation.

CYTOGENETICS

Chromosome Analysis (Culture and Karyotype) G
Cancer Cytogenomics Array G, TR

FISH ONCOLOGY PROBES

BCR/ABL1 [t(9;22)] MYC [t(8q24)]
PML/RARA [t(15;17)] IGH/CCND1 [t(11;14)]
RUNX1/RUNX1T1 [t(8;21)] TRAF [inv(14)]
CBFB/MYH11 [inv(16)] CLL Panel
KMT2A [t(11q23)] Eosinophilia Panel
The following FISH require an additional green top:
Multiple Myeloma Panel G
The following FISH require an additional green top:
(MDSF) Myelodysplastic Syndrome Panel (Mayo) G

FLOW CYTOMETRY

Send copy of most recent WBC, platelet and differential (CBC). CSF specimens please include copy of fluid count and differential.
Leukemia / Lymphoma workup
Select either LEUKS or LEUKB and 1 or more of the suboptions
(LEUKS) Non-blood specimen F, TR, G
(LEUKB) Peripheral blood specimen G
Panel to be determined by testing laboratory
Stem cell neoplasm/Acute leukemia
Mature lymphoid leukemia/Non-Hodgkin lymphoma
LGL/NK markers HCL markers
Plasma cell/Multiple myeloma
HOLD until notified by client
(Please contact MLabs (800-862-7284) by 12 noon day after submission to ensure optimal specimen viability for flow cytometry analysis)
(MRDMM) Minimal Residual Disease for Multiple Myeloma
(DERMF) Cutaneous T-cell Lymphoma (T-cell subsets and pan T-cell epitopes only) G (PB only)
(MAST) Mastocytosis G (BM only)
(RITUX) Rituximab G (PB only)
(PNH) Paroxysmal Nocturnal Hemoglobinuria (PNH) or soln B (PB only) ACD -soln A
MOLECULAR DIAGNOSTICS 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) Quantitative T, L
MYELOPROLIFERATIVE NEOPLASMS (MPN) / CML
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 (IGH Gene Rearrangement) T, L
B Cell Clonality (IGK 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

Specimen Type: L = EDTA S = 1 H&E + 8 Unstained Slides BM = Bone Marrow T = Tissue TR = Fresh Tissue G = Sodium Heparin F = Fluid PB = Peripheral Blood

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

Revised: 03-30-2020 D-REFR