avero DIAGNOSTICS

Pathology, Molecular Diagnostics, Research

Hematopathology/Molecular Pathology Requisition

PATIENT INFORMATION

Patient Name (Last, First, MI)

SSN	D.O.B.	Sex M / F

Address

City	State	ZIP

Patient Insurance Information - Please provide copy of insurance card (s)

Primary Insurance ☐ Medicare ☐ Ins. ☐ Patient ☐ Client Bill

Company

Policy / ID Number

Group Number

Secondary Insurance ☐ Medicare ☐ Ins. ☐ Patient ☐ Client Bill

Company

Policy / ID Number

Group Number

DIAGNOSTIC INFORMATION (ICD-9)

Circle: Tentative / Established.

- ☐ **ALL (204.0)**
- ☐ **AML (205.0), FAB type ____**
- ☐ **Anemia (285.9)**
- ☐ **CLL (204.1)**
- ☐ **CML (205.1)**
- ☐ **Cytopenia***
- ☐ **Hodgkin's Disease (201.9)**
- ☐ **Leukemia, NOS (208.9)**
- ☐ **Leukocytosis (288.8)**
- ☐ **Leukopenia (288.0)**
- ☐ **Lymphadenopathy(785.6)**
- ☐ **Lymphoma***
- ☐ **Lymphopenia(288.8)**
- ☐ **Monoclonal Gammopathy(273.1)**
- ☐ **Myelodysplastic Syndrome*(238.7)**
- ☐ **Myeloproliferative Disorder*(238.7)**
- ☐ **Multiple Myeloma(203.0)**
- ☐ **Neutropenia (288.00)**
- ☐ **Polycythemia (238.4)**
- ☐ **Thrombocytopenia (287.5)**
- ☐ **Other (Clinical/Differential Dx):_____ICD-9:_____**

*** TYPE**_____

CLINICAL HISTORY

- ☐ New Diagnosis/Staging
- ☐ Post-treatment: ChemoRx / ImmunoRx: _____/Transplant
- ☐ Relapse ☐ Other:_____

SPECIMEN TYPE

- ☐ Bone Marrow Aspirate
- ☐ Bone Marrow Aspirate Smears/Touch Preparations
- ☐ Bone Marrow Aspirate Clot (Formalin)
- ☐ Bone Marrow Core Biopsy (Formalin)
- ☐ Lymph Node: Site: _____
  ☐ Formalin-Paraffin ☐ Other: _____
- ☐ Peripheral Blood
- ☐ Peripheral Blood Smears
- ☐ Tissue Block
- ☐ Unstained Slide

PHYSICIAN INFORMATION

TEST ORDERED

HISTOLOGY / FLOW CYTOMETRY / CYTOGENETICS

- ☐ Bone Marrow Morphology/Adjunctive Testing as needed
- ☐ Bone Marrow Morphology
- ☐ Flow Cytometry
- ☐ Cytogenetics (Chromosome analysis ± FISH)
- ☐ Reflex Prognostic FISH panel if MDS, MM, CLL

HEME-MOLECULAR DIAGNOSTICS (Check all that apply)

- ☐ B-cell Clonality (PCR /Capillary Electrophoresis)
- ☐ BCL-2/IgH t(14;18) Qualitative (MBR & MCR) by PCR (Follicular Lymphoma)
- ☐ BCR/ABL t(9;22) Qualitative (p210/p190)RT-PCR
- ☐ BCR/ABL t(9;22) Quantitative for Minimal Residual Disease (real time fluorescent RT-PCR)
- ☐ FLT3 Mutation Analysis (ITD & D835)
- ☐ JAK2 Mutation Analysis (V617F)
- ☐ PML/RARA t(15;17) (AML M3/APL; RT-PCR)
- ☐ T-cell Clonality (PCR /Capillary Electrophoresis)

HEMEPATH FISH (Check all that apply)

- ☐ BCR/ABL-DF t(9;22) CML/ALL/AML
- ☐ IgH/BCL2 t(14;18)-Follicular Lymphoma
- ☐ IgH/CCNDI-XT-DF t(11;14)-Mantle Cell Lymphoma
- ☐ LSI MYC Break Apart (8q24)-Burkitt's Lymphoma
  ☐ Reflex to IgH/MYC/CEP8 t(8;14) if Positive
- ☐ PML/RARA-DF t(15;17)-AML M3, APL
- ☐ Prognostic FISH Panels: ☐ ALL ☐ CLL ☐ MM ☐ Myelodysplasia
- ☐ Diagnostic FISH Panels: ☐ AML
- ☐ Other_____

BREAST IHC / MOLECULAR / FISH TESTS

- ☐ Breast IHC Panel (ER, PR, Ki-67, p53 & Her-2/neu)
- ☐ Her-2/neu Immunohistochemistry(IHC)
- ☐ Her-2/FISH (PathVysion)
- ☐ TOP2 A FISH (Breast)
- ☐ Her-2/FISH w/ TOP2 A FISH

COLORECTAL MOLECULAR / FISH TESTS

- ☐ EGFR FISH
- ☐ KRAS Mutation Analysis
- ☐ MSI - Microsatellite Instability Test by PCR
- ☐ MSI - Microsatellite Instability Test by IHC
- ☐ UGT1A1

UROLOGIC MOLECULAR / FISH TESTS

- ☐ PCA3 - Prostate Cancer Biomarker
- ☐ UroVysion FISH

LAB USE ONLY

- ☐ Bone Marrow and Peripheral Blood
- ☐ Peripheral Blood: Purple Top ___Green Top ___ Other;___# Slides
- ☐ Marrow Aspirate:___# of blood tubes;____# Slides;___Clot Formation
- ☐ Marrow: Core Bx:___formalin; ___touch prep;___processed slides
- ☐ Comments:_____
- ☐ Received Date:_____Received By:_____