



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
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.

STAT PROCESSING

Collection Date: Time: (Oam Opm) Footnote: Case/Accn #

MATERIALS SENT EXTRACTED DNA (PLEASE INDICATE SOURCE):

Bone Marrow Clot Bone Marrow Core BM Core Touch Prep Slides (unstained) #
Bone Marrow Aspirate Na Heparin(G) green # EDTA(L) lavender # BM Aspirate Unstained Slides (not baked) #
Peripheral Blood Na Heparin(G) green # EDTA(L) lavender # PB Unstained Slides (not baked) #
Fresh Tissue Fluid Other source Paraffin Block # 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
APL CMMoL
Myeloproliferative Disorders (MPD) PNH
CML PV ET
PMF Leukocytosis
Other

TREATMENT CHEMOTHERAPY
None Anti-CD19
Current Anti-CD20
>1 Month ago Anti-CD38
Induction days ago GCSF GMCSF
Radiotherapy EPO TKI
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 BM core touch prep slides, 2 PB smears, 3 green top (G) BM min. 2 mL, 1 lavender top (L) BM min. 2 mL, copy of most recent CBC and platelet count or 1 lavender top (L) PB 3 mL.
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)] TRAD [inv(14)]
CBFB/MYH11 [inv(16)] GATA2/MECOM [inv(3)]
KMT2A [t(11q23)] CRLF2 [Xp22.33/Yp11.32]
CLL Panel MDS Panel (reflex)
Eosinophilia Panel
High-grade B-cell Lymphoma Panel
The following FISH require an additional green top:
Multiple Myeloma Panel 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
Cutaneous T-cell Lymphoma (T-cell subsets and pan T-cell epitopes only)
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 Y
(MAST) Mastocytosis G (BM only)
(RITUX) Rituximab G (PB only)
(PNH) Paroxysmal Nocturnal Hemoglobinuria (PNH) ACD - soln A or soln B (PB only)
MOLECULAR DIAGNOSTICS ACUTE MYELOID LEUKEMIA
Myeloid NGS Panel L
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
TP53 Mutation in Malignancy T, L
MYELOPROLIFERATIVE NEOPLASMS (MPN) / CML
Myeloid NGS Panel L
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
TP53 Mutation in Malignancy T, L
LYMPHOMA
TP53 Mutation in Malignancy T, L
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 Y = ACD