MICHIGAN MEDICINE
DEPARTMENT OF PATHOLOGY
Testing / Diagnostic / Screening Requisition -
Molecular Diagnostics Laboratory Requisition

☐ Routine
☐ STAT

ORDER DATE: mm/dd/yyyy

ICD-10 Code/Diagnosis:

COLLECTED BY: ____________________________

COLLECTED DATE: mm/dd/yyyy

COLLECTION TIME: __________ am/pm

ATTENDING PHYSICIAN: ____________________

UMHS Dr. #: __________

MOLECULAR DIAGNOSTIC LABORATORY

This request to order tests from the Molecular Diagnostics Laboratory certifies to the laboratory that (1) the ordering physician has obtained 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 the Molecular Diagnostics Laboratory to report results for each test ordered to the ordering physician.

For general information, call the Laboratory at 936-0565, M - F 8:00 - 4:30

TESTING WILL BE DELAYED OR NOT PERFORMED IF REQUISITION IS NOT COMPLETE!

SPECIMEN TYPE
☐ BLOOD ☐ BONE MARROW ☐ PARAFFIN BLOCK
☐ TISSUE ☐ OTHER

PATIENT HISTORY/DIAGNOSIS:

ACUTE MYELOID LEUKEMIA
☐ NPM1 Mutation
☐ FLT3 Mutation
☐ CEBPA Mutation
☐ IDH1 and IDH2 Mutations
☐ KIT D816V Mutation
☐ KIT Mutation for AML - Exons 8, 17
☐ PML/RARA (15;17) Translocation, Quantitative

MYELOPROLIFERATIVE NEOPLASMS
☐ JAK2 V617F Mutation
☐ JAK2 Exon 12 Mutation
☐ CALR Mutation
☐ MPL Mutation
☐ KIT D816V Mutation
☐ BCR/ABL1 Analysis, Quantitative
☐ BCR/ABL1 Kinase Domain Mutation

LYMPHOMA
☐ B Cell Clonality (IGH Gene Rearrangement)
☐ B Cell Clonality (IGH Gene Rearrangement)
☐ T Cell Clonality (TRG Gene Rearrangement)
☐ T Cell Clonality (TRB Gene Rearrangement)
☐ IGHD/BCI (14;18) Translocation (PCR)
☐ IGHD/BCI (14;18) Translocation (FISH)
☐ BCL2 (3q27) Rearrangement (FISH)
☐ MYC (8q24) Rearrangement (FISH)
☐ MYD88 (1268P) Mutation
☐ BRAF V600E/V600K Mutations

HEMATOLOGY/ONCOLOGY

COLORECTAL (AND ENDOMETRIAL) CANCER
☐ Colorectal Cancer NGS Panel
☐ KRAS Mutation
☐ NRAS Mutation
☐ BRAF V600E/V600K Mutation
☐ Microsatellite Instability Analysis
☐ MS-H, perform BRAF V600E/MLH1 Promoter Methylation
☐ MLH1 Promoter Methylation
☐ Germline MLH1 Promoter Methylation
☐ UGT1A1 Promoter Genotyping

GASTROINTESTINAL STROMAL TUMOR
☐ KIT Mutation - Exons 9,11,13,17
☐ KIT Mutation
☐ PDGFR Mutation for GIST

GLIOMA
☐ Solid Tumor NGS Panel
☐ IDH1 and IDH2 Mutations
☐ 1p/19q Deletion (FISH)
☐ BRAF (7/34) Rearrangement (FISH)
☐ BRAF V600E/V600K Mutations
☐ MGMT Promoter Methylation
☐ TERT Promoter Mutation

LUNG CANCER
☐ Lung Cancer NGS Panel
☐ EGFR Mutation
☐ BRAF V600E/V600K Mutations
☐ KRAS Mutation
☐ ALK Rearrangement for NSCLC (FISH)
☐ ROS1 (t(2;22) Rearrangement (FISH)
☐ RET (10q11) Rearrangement (FISH)
☐ MET Amplification by FISH

MELANOMA
☐ Melanoma NGS Panel
☐ BRAF V600E/V600K Mutations
☐ KIT Mutation for Melanoma - Exons 11,13,17
☐ NRAS Mutation
☐ BRAF (7/34) Rearrangement (FISH)
☐ TERT Promoter Mutation

THYROID CANCER
☐ Solid Tumor NGS Panel
☐ BRAF V600E/V600K Mutation
☐ BRAF (7/34) Rearrangement (FISH)
☐ TERT Promoter Mutation
☐ RET Mutation

SARCOMA
☐ SYT/SSX Translocation (PCR)
☐ PAX/FOXO1 Translocation (PCR)
☐ EWSR1/WT1 Translocation (PCR)
☐ EWSR1/ATF1 Translocation (PCR)
☐ EWSR1/FLI1 & EWSR1/ERG Translocation (PCR)
☐ EWSR1 (22q12) Rearrangement (FISH)
☐ MDM2 Amplification (FISH)
☐ CIC (19q13) Rearrangement (FISH)
☐ PDGFB (22q13) Rearrangement (FISH)

MISCELLANEOUS
☐ HER2 (FISH)
☐ Biliary Tract Malignancy (FISH)
☐ Mesotheloma (FISH)

BREAST CANCER
☐ Solid Tumor NGS Panel
☐ HER2 (FISH)
☐ PIK3CA Mutation

BLADDER CANCER
☐ Solid Tumor NGS Panel
☐ FGFR Translocation/Mutation
☐ UrothylionTM (FISH)

GENETICS
☐ Factor V Leiden Mutation
☐ Prothrombin 20210 Mutation
☐ Hereditary Hemochromatosis
☐ Cystic Fibrosis Carrier Screen (MUST INCLUDE PATIENT HISTORY FORM)
☐ UGT1A1 Promoter Genotyping
☐ Other:

BONE MARROW TRANSPLANT ENGRAFTMENT ASSESSMENT
☐ Pre-BMT RECIPIENT, Engraftment Analysis
☐ Pre-BMT DONOR, Engraftment Analysis

DONOR FOR: Name: ____________________________

MRN: __________

Post-BMT Engraftment Analysis (Pre-BMT MUST have been previously performed)

Non-myoeloabative transplant? ☐ Yes ☐ No

Fractionation? ☐ Yes ☐ No

Days post-transplant: __________

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21-10052
VER: A/19
HIM: 10/19

LABORATORY

Testing / Diagnostic / Screening Requisition -