NOTE: PLEASE REFER TO THE BACK OF THIS REQUISITION FOR SPECIMEN HANDLING INSTRUCTIONS

MICHIGAN MEDICINE

DEPARTMENT OF PATHOLOGY

Testing / Diagnostic / Screening Requisition - Molecular Diagnostics Laboratory Requisiton

MRN

BIRTHDATE

NAME

CSN

RESULTS REPORTING LOCATION CODE:

☐ Routine
☐ STAT

ORDER DATE: _____ /_____ /_____ (mm/dd/yyyy)

ICD-10 Code/Diagnosis:	Ordering Clinician to receive report: ☐ See label above	
Collected by:		___ ___ ___ ___ ___ UMHS Dr. #:
Collected Date: _____ /_____ /_____	Collection Time: _____:_____am/pm	Attending Physician: (if different from above) ___ ___ ___ ___ ___ 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_____ (SOURCE) ☐ TISSUE_____ (SEND FROZEN) SOURCE ☐ OTHER _____ SOURCE

_____ SURG PATH ID#

PATIENT HISTORY/DIAGNOSIS:

HEMATOLOGY/ONCOLOGY

ACUTE MYELOID LEUKEMIA
- ☐ Myeloid NGS Panel — L
- ☐ TP53 Mutation in Malignancy — L
- ☐ NPM1 Mutation — T, L
- ☐ FLT3 Mutation — L
- ☐ CEPBA 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, Quantitative — L

MYELOID NEOPLASMS
- ☐ Myeloid NGS Panel — L
- ☐ TP53 Mutation in Malignancy — L
- ☐ JAK2 V617F Mutation — 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 Gene Rearrangement) — T, L
- ☐ B Cell Clonality (IGK Gene Rearrangement) — T, L
- ☐ T Cell Clonality (TRG Gene Rearrangement) — T, L
- ☐ T Cell Clonality (TRB Gene Rearrangement) — T, L
- ☐ TP53 Mutation in Malignancy
- ☐ 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)
- ☐ MALT1 (18q21) Rearrangement (FISH) — S, T
- ☐ MYD88 (L265P) Mutation — S, T, L
- ☐ BRAF V600E/V600K Mutations — S, T, L

COLORECTAL CANCER
- ☐ Colorectal Cancer NGS Panel — S, T
- ☐ KRAS Mutation — S, T
- ☐ NRAS Mutation — S, T
- ☐ BRAF V600E/V600K Mutation — S, T
- ☐ Microsatellite Instability Analysis — S, T
  If MSI-H, perform ☐ BRAF V600E ☐ MLH1 Promoter Methylation — S, T
- ☐ MLH1 Promoter Methylation — S, T
- ☐ Germline MLH1 Promoter Methylation — L
- ☐ UGT1A1 Promoter Genotype — L
- ☐ HER2 (FISH) — S, T

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

GLIOMA
- ☐ Solid Tumor NGS Panel — S, T
- ☐ IDH1 and IDH2 Mutations for Glioma — 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 — S, T
- ☐ EGFR Mutation — 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 by FISH — S, T

MELANOMA
- ☐ Melanoma NGS Panel — S, T
- ☐ BRAF V600E/V600K Mutations — S, T
- ☐ KIT Mutation for Melanoma - Exons 11,13,17 — S, T
- ☐ NRAS Mutation — S, T
- ☐ BRAF (7q34) Rearrangement (FISH) — S, T
- ☐ TERT Promoter Mutation — S, T

THYROID CANCER
- ☐ Solid Tumor NGS Panel — S, T
- ☐ BRAF V600E/V600K Mutation — S, T
- ☐ BRAF (7q34) Rearrangement FISH — S, T
- ☐ TERT Promoter Mutation — S, T
- ☐ RET 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
- ☐ PDGFB (22q13) Rearrangement (FISH) — S, T
- ☐ NR4A3 (9q22-9q31) Rearrangement by (FISH) — S, T

BREAST CANCER
- ☐ Solid Tumor NGS Panel — S, T
- ☐ HER2 (FISH) — S, T
- ☐ PIK3CA Mutation — S, T

GENITOURINAY CANCER
- ☐ Solid Tumor NGS Panel — S, T
- ☐ FGFR Translocation/Mutation — S, T
- ☐ TERT Promoter Mutation — S, T
- ☐ UroVysionTM (FISH) — U

MISCELLANEOUS
- ☐ Solid Tumor NGS Panel — S, T
- ☐ HER2 (FISH) — S, T
- ☐ Biliary Tract Malignancy (FISH) — B
- ☐ Mesothelioma FISH — S, T
- ☐ Microsatellite Instability — S, T
  ☐ If MSI-H perform MLH1 Promoter Methylation
- ☐ MLH1 Promoter Methylation — S, T
- ☐ Germline MLH1 Promoter Methylation — L

GENETICS

- ☐ Factor V Leiden Mutation — L
- ☐ Prothrombin 20210 Mutation — L
- ☐ Hereditary Hemochromatosis — L
- ☐ Cystic Fibrosis Carrier Screen (MUST INCLUDE PATIENT HISTORY FORM) — L
- ☐ UGT1A1 Promoter Genotyping
- ☐ Germline MLH1 Promoter Methlylation — L
- ☐ Other_____

BONE MARROW TRANSPLANT ENGRAFTMENT ASSESSMENT

- ☐ Pre-BMT **RECIPIENT,** Engraftment Analysis — L
- ☐ Pre-BMT **DONOR,** Engraftment Analysis — L

DONOR FOR: Name: _____ **MRN:** _____

- ☐ Post-BMT Engraftment Analysis **(Pre-BMT MUST have been previously performed)** — L

Non-myeloablative transplant? ☐ **Yes** ☐ **No**
Fractionation? ☐ **Yes** ☐ **No**

Days post-transplant _____

21-10052	VER: B/20 HIM: 11/20	**LABORATORY**	MICHIGAN MEDICINE UNIVERSITY OF MICHIGAN	**Testing / Diagnostic / Screening Requisition -**

Replaces: 2201664

1A

PROOF 5

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FACE; SCREENS 10% & 25%

SPECIMEN CODES:

TUBES
B = BRUSHING
L = LAVENDER

SITE/MATERIAL
T = FFPE TISSUE BLOCK
U = URINE
S = 1 H&E + 8 UNSTAINED SLIDES

BLACK REVERSE = **SPECIMENS REQUIRE SPECIAL HANDLING. Refer to on-line handbook,** "http://www.pathology.med.umich.edu/handbook/"

BLACK REVERSE ITALICS = SPECIMENS REQUIRE SPECIAL HANDLING AND A HISTORY AND DIAGNOSIS.

BLACK BOLD ITALICS = THESE TESTS REQUIRE A HISTORY AND DIAGNOSIS IN ORDER TO REPORT RESULTS.

COLOR BOLD ITALICS = THESE TESTS REQUIRE A SPECIAL CDC OR MDPH HISTORY FORM AVAILABLE IN THE LAB.

* = THESE TESTS INCLUDE A CONSULTATION AND REQUIRE A HISTORY AND DIAGNOSIS.