

MICHIGAN MEDICINE

DEPARTMENT OF PATHOLOGY

Testing / Diagnostic / Screening Requisition -
Molecular Diagnostics Laboratory RequisitionRESULTS
REPORTING
LOCATION
CODE:

MRN

BIRTHDATE

NAME

CSN

☐ RoutineORDER DATE: ____/____/____
(mm/dd/yyyy)☐ STAT

ICD-10 Code/Diagnosis:

Ordering Clinician to receive report:

☐ See label above

Collected by:

UMHS Dr. #: ____

Collected Date:

Collection Time:

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:

HEMATOLYMPHOID

LYMPHOMA

- ☐ B Cell Clonality (IGH Gene Rearrangement) L, S, T
☐ B Cell Clonality (IGK Gene Rearrangement) L, S, T
☐ T Cell Clonality (TRG Gene Rearrangement) L, S, T
☐ T Cell Clonality (TRB Gene Rearrangement) L, S, T
☐ Double hit workup S, T
 (MYC, IGH::MYC; if positive, IGH::BCL2, BCL6)
☐ MYC (8q24) Rearrangement (FISH) S, T
☐ IGH::MYC t(8;14)(q24;q32) Translocation (FISH) S, T
☐ IGH::BCL2 t(14;18) Translocation (FISH) S, T
☐ BCL6 (3q27) Rearrangement (FISH) S, T
☐ TP53 Mutation in Malignancy L, S, T
☐ MYD88 (L265P) Mutation L, S, T
☐ MALT1 (18q21) Rearrangement (FISH) S, T
☐ IGH::BCL2 t(14;18) Translocation (PCR) L, S, T

HISTIOCYTIC/DENDRITIC CELL NEOPLASMS

- ☐ Myeloid NGS Panel L, S, T
☐ Solid Tumor NGS Panel S, T
☐ Comprehensive Solid Tumor Fusion Panel S, T
☐ BRAF V600E/V600K Mutations L, S, T
☐ BRAF (7q34) Rearrangement FISH S, T

MYELOID NEOPLASMS

- ☐ Myeloid NGS Panel L, S, T
☐ TP53 Mutation in Malignancy L, S, T
☐ NPM1 Mutation L, S, T
☐ FLT3 Mutation L
☐ IDH1 and IDH2 Mutations L, S, T
☐ KIT D816V Mutation L, S, T
☐ PML::RARA t(15;17) Translocation, Quantitative L
☐ JAK2 V617F Mutation L
☐ JAK2 Exon 12 L
☐ CALR Mutation L
☐ MPL Mutation L
☐ BCR::ABL 1 Analysis, Quantitative L

OTHER

- ☐ Specimen Source Identification S, T
 (Discuss with Solid Tumor Molecular pathologist)

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 _____