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

UNIVERSITY OF MICHIGAN HEALTH SYSTEM

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

- ☐ 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 (PCR) Qualitative — L

MYELOPROLIFERATIVE NEOPLASMS

- ☐ 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
- ☐ 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 (AND ENDOMETRIAL) CANCER

- ☐ Comprehensive CRC Mutation Panel (NGS) — 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

GASTROINTESTINAL STROMAL TUMOR

- ☐ KIT Mutation - Exons 9,11,13,17 — S, T
  If KIT is negative, perform: ☐ PDGRFA ☐ BRAF V600E
- ☐ PDGFRA Mutation for GIST — S, T

GLIOMA

- ☐ IDH1 and IDH2 Mutations — 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

LUNG CANCER

- ☐ Comprehensive NSCLC Mutation Panel (NGS) — S, T
- ☐ EGFR Mutation by Fragment Analysis — 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

MELANOMA

- ☐ Comprehensive Melanoma Mutation Panel (NGS) — 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

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

MISCELLANEOUS

- ☐ HER2 (FISH) — S, T
- ☐ UroVysion™ (FISH) (Bladder Cancer) — U
- ☐ Biliary Tract Malignancy (FISH) — B

GENETICS

- ☐ Apolipoprotein E Genotype — L
- ☐ 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 — 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: A/16 HIM: 04/16 | LABORATORY | University of Michigan Hospitals and Health Centers | Testing / Diagnostic / Screening Requisition -

Replaces: 2201664