UFHealth
PATHOLOGY LABORATORIES

Practice Name: _____
Address: _____
E-mail: _____
Phone: _____ Fax: _____

ALL ORANGE AREAS ARE REQUIRED.

HEMATOPATHOLOGY AND CYTOGENETICS REQUISITION

Patient Information*

Collection date: _____ Time: ____ : ____ A.M./P.M.

Name (last, first, middle initial): Sex: Male Female

_____

Date of birth (MM/DD/YYYY): _____

Include copies of the patient's demographic face sheet.

Medical record/Patient ID#: _____

Billing Information*

You MUST include copies of the patient's demographics sheet and both sides of the patient's insurance card(s), along with any secondary insurance information (if applicable), with this requisition.

Provider Information

Ordering physician: _____

Ordering physician NPI #: _____

Duplicate report sent to: _____

Phone #: _____ Fax #: _____

Clinical/Laboratory Information (Check all that apply.)

- ☐ Anemia
- ☐ Leukopenia
- ☐ Thrombocytopenia
- ☐ Leukocytosis
- ☐ Lymphocytosis
- ☐ Abnormal cells on smear
- ☐ Lymphadenopathy
- ☐ Mass
- ☐ Skin lesion
- ☐ Serosal effusion
- ☐ Splenomegaly
- ☐ Hepatomegaly
- ☐ Bone lesions
- ☐ Ser/Urine abnormal immunoglobulin

☐ Other: _____

Clinical History (Check all that apply.)

- ☐ Lymphoma **Type:** _____
- ☐ MDS/MPD **Type:** _____
- ☐ Leukemia **Type:** _____
- ☐ Plasma cell myeloma/MGUS: _____
- ☐ **Other:** _____
- ☐ EPO/Epogen/Procrit treatment
- ☐ G-CSF/Neupogen/Filgrastim treatment
- ☐ Post-therapy | **Days:** _____ ☐ Post-transplant | **Days:** _____

Specimen Information

Date collected: _____ **Time collected:** _____

Bone marrow: ☐ Aspirate ☐ Biopsy ☐ Clot

☐ Peripheral blood ☐ FNA **Site:** _____

☐ Solid tissue (fresh) **Site:** _____

☐ Solid tissue (fixed) **Site:** _____

☐ **Other:** _____

Flow Cytometry Studies

- ☐ Flow for bone marrow without biopsy
- ☐ Flow for bone marrow with biopsy
- ☐ Flow for peripheral blood
- ☐ Flow for tissue/body fluid
- ☐ Flow DNA (ploidy, S-phase)
- ☐ PNH
- ☐ Reflex CD38/ZAP-70 (CLL)

Molecular Pathology Studies

Hematopathology

- ☐ T-cell clonality
- ☐ B-cell clonality
- ☐ BCL2 gene rearrangement
- ☐ JAK2 V617f mutation
- ☐ JAK2 exon 12 mutation (reflex if V617f-negative)
- ☐ BCR-ABL gene rearrangement quantitative
- ☐ BCR-ABL kinase domain mutations
- ☐ C-kit mutation (mast cell disease)

Hematopathology | AML-Related Molecular Tests (if positive for AML)

- ☐ AML FLT3 and NPM mutation
- ☐ AML intermed risk cytogenetic reflex (CEBPA, IDH1/2)
- ☐ IDH1 and IDH2 mutation
- ☐ CEBPA Mutation
- ☐ FLT3 mutation
- ☐ NPM Mutation
- ☐ C-Kit mutation AML [reflex if t(8;21) (exons 8 and 17)]

Cytogenetics/FISH Analysis Request

Cytogenetics testing/Conventional chromosome analyses (karyotyping) requested (must be completed to avoid delays in processing)

- ☐ Bone marrow chromosome study
- ☐ Peripheral blood chromosome study
- ☐ Solid tumor chromosome study
- ☐ Lymph node study
- ☐ **Other chromosome study:**

_____

FISH Analyses: For each probe, select the entire panel, or customize your own panel. If the probe is unspecified, contact the laboratory.

AML (non-M3)

☐ **Panel (all listed)**
- ☐ *BCR/ABL1 t(9;22)*
- ☐ *KMT2A (MLL)*
- ☐ *RUNX1/ RUNX1T1 t(8;21)*
- ☐ *CBFB (inv16)*

APL (M3)

- ☐ *PML/RARA t(15;17)*

ALL

☐ **Panel (all listed)**
- ☐ *BCR/ABL1 t(9;22)*
- ☐ *KMT2A (MLL)*
- ☐ *ETV6/ RUNX1 t(12;21)*
- ☐ *TCF3/ PBX1 t(1;19)*
- ☐ *4cen/10cen*

CLL/SLL

☐ **Panel (all listed)**
- ☐ *13q- ATM (del11q)*
- ☐ *12cen (trisomy 12)*
- ☐ *TP53 (del17p)*

MM/PCL

☐ **Panel (all listed)**
- ☐ *CKSB1* (1q21 gain)
- ☐ 13q-
- ☐ *TP53 (del17p)*
- ☐ *IGH (14q32)**

If IGH-positive, fusions as necessary.
- ☐ *IGH/ FGFR3* t(4:14)*
- ☐ *IGH/MAF* t(14:16)*
- ☐ *IGH/ CCND1* t(11;14)*
- ☐ *IGH/MYC* t(8:14)*

MDS/MPD

☐ **Panel (all listed)**
- ☐ *5q-*
- ☐ *7q-*
- ☐ *8cen (trisomy 8)*
- ☐ *20q-*

Non-Hodgkin's Lymphomas

- ☐ *MYC*
- ☐ *BCL6*
- ☐ *BCL2*
- ☐ *IGH/BCL2 t(14;18)*
- ☐ *IGH/MYC t(8;14)*
- ☐ *IGH/CCND1 t(11;14)*

FOR LAB USE ONLY

Lab #: _____

Test Codes: _____

Specimen Description: _____

http://pathlabs.ufl.edu

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