UFHealth
PATHOLOGY LABORATORIES

FOR CRITICAL RESULT(S) CALL:

Practice name _____

Address _____

Email _____

Phone _____ Fax _____

HEMATOPATHOLOGY AND CYTOGENETICS REQUISITION

PATIENT INFORMATION

Collection Date _____ **Time** _____ ☐ A.M. ☐ P.M.

Full Name (last, first, MI) _____

Sex: ☐ Male ☐ Female

Include copies of the patient's demographic face sheet

Date of birth (MM/DD/YYYY) _____

MRN# / 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's NPI# _____

Duplicate report sent to _____

Duplicate report fax to _____

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

Please submit a concurrent CBC report with all blood and bone marrow specimens.

Check all that apply:

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

SPECIMEN INFORMATION

Collection Date _____ **Time** _____ ☐ A.M. ☐ P.M.

Bone marrow: ☐ Aspirate ☐ Biopsy ☐ Clot

☐ Peripheral blood ☐ FNA, site _____

☐ Solid tissue (fresh), site _____

☐ Solid tissue (fixed), site _____

Distribution: White – UF Path Labs; Yellow – Client Copy

PS160708-10/22/21

FLOW CYTOMETRY STUDIES

☐ Flow for bone marrow without biopsy ☐ Flow for tissue/body fluid
☐ Flow for bone marrow with biopsy ☐ Flow Paroxysmal Nocturnal Hemoglobinuria (PNH)
☐ Flow for peripheral blood

MOLECULAR PATHOLOGY STUDIES

Hematopathology:

☐ T-cell clonality ☐ B-cell clonality
☐ 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 ITD ☐ NPM 1 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/ABL t(9:22)
- ☐ KMT2A (MLL)
- ☐ RUNX1/RUNX1T1 t(8;21)
- ☐ CBFB (inv16)

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)

APL (M3)

☐ PML/RARA t(15;17)

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)

PROVIDER INFORMATION

Lab #: _____

Test Code(s): _____

Specimen Description: _____

4800 SW 35th Drive, Gainesville, FL 32608
888.375.5227 (LABS) Toll Free | 352.265.9900 (O) | 877.640.6465 (F)