Oncology Requisition

2330 Inwood Road, Suite EB2.215 & EB2.216
Dallas, Texas 75235
CUSTOMER SERVICE: 214-633-5227
CLIA #: 45D-0861764
CAP #: 2664213

UTSouthwestern Medical Center
CLINICAL LABORATORY SERVICES

ACCOUNT INFORMATION

Account name: _____

Address:_____ **City:**_____ **State:**_____

Zip code:_____ **Ph:**_____ **Fax:**_____

REQUIRED ORDER INFORMATION

BILL TO: ☐ Facility / Client
☐ Patient / 3rd party **– Billing information must be provided**

Patient Name: (Last, First, Middle)

Mother's Name: (if infant)

Date of Birth:	Sex:	Patient ID / MR#:

Hospital Inpatient Y / N	Collection Date:	Collection Time: AM PM
		:

Ordering Physician (Full Name):	NPI:

Phone:	Pager:	FAX:

Clinical Indication for Tests Ordered:

SPECIMEN INFORMATION

☐ Bone Marrow ☐ Peripheral Blood
☐ Bone Marrow Aspirate Smears ☐ Peripheral Blood Smears
☐ Bone Marrow Touch Prep
☐ Bone Marrow Core Biopsy ☐ Left ☐ Right
☐ Urine ☐ CSF ☐ Body Fluid_____
☐ Tissue: site/type _____
☐ **Formalin Fixed Paraffin Embedded Tissue (FFPE)**
Surgical Pathology/Cytology
Case Number:_____ **Block Number:**_____
Please see page 2 instructions

CLINICAL INFORMATION

Infection: ☐ HIV ☐ Hepatitis ☐ Other _____
History: ☐ Lymphadenopathy ☐ Mediastinal Mass ☐ Splenomegaly
Therapy: ☐ Chemotherapy ☐ Growth Factor
☐ Immunotherapy_____ ☐ Other_____
Status: ☐ Initial ☐ Relapse ☐ Remission ☐ Post Transplant
☐ Other_____

TESTS REQUESTED

Morphology
☐ Bone Marrow Morphology exam ☐ Peripheral Blood exam
Attach Current CBC Report

Flow Cytometry (ACD preferred)
☐ Leukemia/Lymphoma Immunophenotyping
☐ Leukemia/Lymphoma Immunophenotyping MRD
Select Type: ☐ CLL(0.001%) ☐ AML(0.01%) ☐ BLL(0.01%) ☐ TLL(0.01%)
☐ PNH (Paroxysmal Nocturnal Hemoglobinuria)
☐ Leukemia/Lymphoma Immunophenotyping CART 19/Immunotherapy f/u
☐ BAL (Bronchoalveolar Lavage) CD4:CD8
☐ Leukemia/Lymphoma CSF (Cerebrospinal Fluid)
☐ Leukemia/Lymphoma FLUID (Other Fluid, not CSF)
☐ Process and hold - Client should call next day with instructions
☐ Other Markers: _____

Molecular Diagnostics (EDTA preferred)
☐ IDH1/IDH2
☐ NPM1 Qualitative (Initial diagnosis)
☐ NPM1 Quantitave (MRD Monitoring)
☐ EGFR Sequencing
☐ EGFR PCR (FDA)
☐ BRAF
☐ KRAS
☐ NRAS
☐ JAK2 (Non-V617F)
☐ CALR
☐ MPL
☐ FLT3
☐ cKIT (melanoma)
☐ TP53
☐ 1p/19q LOH (glioma)
☐ MGMT (temozolomide)
☐ B-cell Clonality
☐ T-cell Clonality
☐ MYD88 L265P
☐ JAK2 V617F Quantitative
☐ KIT D816V Quantitative

Mutation Panels
☐ Colon KRAS, NRAS, and BRAF
☐ Melanoma BRAF, KIT, and NRAS
☐ Myeloproliferative Neoplasm (MPN) Panel (JAK2, non-V617F,CALR,MPL)

PATIENT/3RD PARTY BILLING INFORMATION

ICD-10 Code(s)

Medicare patients with non-covered diagnoses must sign Advanced Beneficiary Notice (ABN) available at www.veripathlabs.com or by calling customer service at 214-645-7057 or toll free 877-887-8136 ☐ Signed ABN included

ICD-10 Codes applicable to each and every test requested should come only from the ordering physician, represent the reason for the test order at the time of order, and be supported by the patient's medical record. Physicians should order only tests that are medically necessary for the diagnosis or treatment of the patient. Tests ordered should be single laboratory tests appropriate for the patient's medical condition. Tests for screening purposes may be ordered, but may not be reimbursed.

Insured/Responsible Party Name: (if different from patient-Last, First, Middle)	Date of Birth:

Patient's relationship: ☐ Self ☐ Spouse ☐ Dependent ☐ Other	Responsible Party Address:	City:
Gender: ☐ Male ☐ Female	State:	Zip: Phone:

Employer's Name:	Employer's Phone:

Insurance Co. Name:	Insurance Co. Phone:

Insurance Co. Address:

Policy #:	Group #:

☐ Medicare ☐ HMO ☐ Other ☐ Medicaid ☐ PPO	Member ID#:

Referral Authorization/Precertification #: Date/Time:

Name:

TESTS REQUESTED (cont.)

Cytogenetics (Sodium Heparin preferred)
☐ Chromosomal Analysis ☐ FISH select all that apply

FISH

☐ Aneuploidy of 4/10
☐ Aneuploidy of 8/20q deletion
☐ Aneuploidy of 9/15
☐ ABL1: 9q34
☐ ABL2: 1q25
☐ ALK: 2p23 FFPE
☐ ATM/12cen: 11q22/aneu12
☐ BIRC3/MALT1: t(11;18)
☐ BCL6: 3q27 FFPE
☐ BCR/ABL1: t(9;22)
☐ CBFB: inv(16)
☐ CBFB/MYH11: 16q22/16p13
☐ CCND1/IGH: t(11;14)
☐ C-MET: 7q31.2 FFPE
☐ CRLF2: Xp22/Yp11
☐ D13S319(DLEU): 13q14/13q34
☐ Deletion/monosomy 5
☐ Deletion/mosomony 7
☐ DDIT3: 12q13 FFPE
☐ E2A: 19p13
☐ EGFR: 7p12 FFPE
☐ EGR1: 5q31
☐ ETV6/RUNX1: t(12;21)
☐ EWSR1: 22q12 FFPE
☐ FIP1L1/PDGFRA: 4q12
☐ FGFR1: 8p11
☐ FGFR3/IGH: t(4;14)
☐ FOXO1: 13q14 FFPE
☐ FUS: 16p11 FFPE
☐ HER2/neu: 17q11.2-12 FFPE
☐ IGH BA: 14q32
☐ IGH/BCL2: t(14;18) FFPE
☐ IGH/MAF: t(14;16)
☐ IGH/MAFB: t(14;20)
☐ MDM2: 12q15 FFPE
☐ MECOM: 3q26
☐ MLL (KMT2A): 11q23
☐ MYB: 6q23.3
☐ MYC BA: 8q24 FFPE
☐ MYC/IGH t(8;14) FFPE
☐ MYCN: 2p23-24 FFPE
☐ NUP98: 11p15
☐ P16: 9p21 FFPE
☐ P18(CKS1B/CDKN2C): 1p32.3/1q21
☐ PDGFRα:4q12
☐ PDGFRβ: 5q33.1
☐ PML/RARA: t(15;17)
☐ RB1: 13q14
☐ REL: 2p16
☐ RET: 10q11.2 FFPE
☐ ROS1: 6q22 FFPE
☐ RUNX1T1/RUNX1: t(8;21)
☐ SS18: 18q11.2 FFPE
☐ TFE-3: Xp11.2 FFPE
☐ TFE-B: 6p21 FFPE
☐ TP53: 17p13.1
☐ UroVysion
☐ Other FISH
Specify:_____

FISH Panels:
☐ ALL (Aneuploidy 4/10, BCR/ABL1, KMT2A (MLL), ETV6/RUNX1, CRFL2
☐ High Risk ALL panel (ABL2, aneuploidy 4/10, ABL1, BCR/ABL1, KMT2A(MLL), ETV6/RUNX1, and CRLF2
☐ AML (RUNX1T1/RUNX1, BCR/ABL1, KMT2A (MLL), PML/RARA, CBFB)
☐ UTCLL (REL, MYB BA, ATM/aneuploidy 12, CCND1/IGH, D13S319/13q34, IGH BA, TP53)
☐ Esinophilia (PDGFRA, PDGFRB, FGFR1)
☐ LUNG (ALK, C-MET, HER2/neu, RET, ROS1)
☐ Lymphoma Panel (BCL6, MYC/IGH, MYC BA, IGH/BCL2)
☐ MDS Panel (EGR1, monosomy/deletion 7, aneuploidy 8/deletion 20, KMT2A(MLL)
☐ UTMM Panel (CDKN2C(P18)/CKS1B, FGFR3/IGH, D9Z1/D15Z1, CCND1/IGH, RB1, IGH/MAF, IGH/MAFB, TP53)

Transplant Analysis
☐ FISH - X/Y sex chromosomes **Donor Sex:** ☐ Male ☐ Female
☐ STR Pre-transplant analysis ☐ STR Post-transplant analysis
☐ Donor Name:_____ Recipient Name:_____
Please provide dates of all previous transplants:

LAB USE ONLY

Transport Container: **Total # of specimens:**_____
___Yellow ___Green ___Purple ___Syringe ___Conical ___Red ___Blue ___Cup
___Trans Tube ___Block ___Slides ___Formalin ___Other:_____

Transport Conditions:
☐Frozen ☐Slushy
☐Refrig ☐Room Temp

Destination: ☐Other_____
☐Coag ☐Cytogen ☐Hemepath
☐Flow ☐Hist ☐Mol Dx

Initials:

Sample Requirement for Unstained Slides from FFPE Tissue

If ordering on non-UT Southwestern/Parkland Pathology material, please include a copy of the Surgical Pathology/Cytopathology report, the block/unstained slides and corresponding H&E slide.

For UT Patients

Deliver to: Anatomic Pathology Central Receiving
6201 Harry Hines Blvd, D4.426
Dallas Texas 75235
Phone: 214-633-4100
Fax: 214-633-8854

For Parkland Patients

Deliver to: 5200 Harry Hines
Dept. of Pathology, Room D2.625
Attn: Histology
Dallas, TX. - 75235
Phone: 469-419-4478
Fax Number: 469-419-3027

Molecular Diagnostics

Test	Slide Requirements
EGFR Mutation	Minimum 5 slides @ 10u, 1 H&E
Cobas EGFR Mutation (FDA Approved)	Minimum 5 slides @ 5u, 1 H&E
KRAS, BRAF and EGFR	Minimum 5 slides @ 10u, 1 H&E
Colon Panel (KRAS, BRAF, NRAS)	Minimum 5 slides @ 10u, 1 H&E
Melanoma Panel (BRAF, cKIT, NRAS)	Minimum 5 slides @ 10u, 1 H&E
KRAS or BRAF or IDH1/2 or MGMT	Minimum 5 slides @ 10u, 1 H&E
B cell or T cell Clonality	Minimum 5 slides @ 10u, 1 H&E
TP53	Minimum 5 slides @ 10u, 1 H&E
1p/19q LOH	3 slides @ 4u, 1 H&E
MYD88 L265P	5 slides @ 10u, 1 H&E

Cytogenetics

Test	Slide Requirements
ALK: 2p23 by FISH	2 positively charged slides @4u, 1 H&E
BCL6: 3q27 by FISH	2 positively charged slides @3u
C-MET: 7q31.2 by FISH	2 positively charged slides @4u, 1 H&E
CCND1/IGH by FISH	2 positively charged slides @3u
DDIT3: 12q13 by FISH	2 positively charged slides @4u, 1 H&E
EGFR: 7p12 by FISH	2 positively charged slides @4u, 1 H&E
EWSR1: 22q12 by FISH	2 positively charged slides @4u, 1 H&E
FGFR1: 8p12 by FISH	2 positively charged slides @4u, 1 H&E
FOXO1: 13q14 by FISH	2 positively charged slides @4u, 1 H&E
FUS: 16p11.2 by FISH	2 positively charged slides @4u, 1 H&E
MDM2: 12q15	2 positively charged slides @4u, 1 H&E
HER2/neu by FISH	2 positively charged slides @4u, 1 H&E
IGH/BCL2: t(14;18) by FISH	2 positively charged slides @3u
MYC/IGH: t(8;14) by FISH	2 positively charged slides @3u
MYC: 8q24 by FISH	2 positively charged slides @3u
MYCN: 2p23-24	2 positively charged slides @4u, 1 H&E
P16: 9p21	2 positively charged slides @4u, 1 H&E
PDGFRA: 4q12 by FISH	2 positively charged slides @3u
PDGFRB: 5q33.1 by FISH	2 positively charged slides @3u
SS18: 18q11.2 by FISH	2 positively charged slides @4u, 1 H&E
TFE-3: Xp11.2 by FISH	2 positively charged slides @4u, 1 H&E
TFE-B: 6p21 by FISH	2 positively charged slides @4u, 1 H&E