

Required Patient Information

Name: \_\_\_\_\_ Gender: M F

MRN: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

ICD10 Code(s): \_\_\_\_/\_\_\_\_/\_\_\_\_

ICD-10 Codes are required for billing. When ordering tests for which reimbursement will be sought, order only those tests that are medically necessary for the diagnosis and treatment of the patient.

Ordering Physician Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

NPI: \_\_\_\_\_

Billing & Collection Information

**Patient Demographic/Billing/Insurance Form is required to be submitted with this form. Most genetic testing requires insurance prior authorization. Due to high insurance deductibles and member policy benefits, patients may elect to self-pay. Call for more information (855.916.4362)**

- ☐ Bill Client or Institution Client Name: \_\_\_\_\_ Client Code/Number: \_\_\_\_\_
- ☐ Bill Insurance Prior authorization or reference number: \_\_\_\_\_
- ☐ Patient Self-Pay Call for pricing and payment options Toll Free: 855.916.4362

Patient status at time of collection: ☐ Inpatient ☐ Outpatient Collection date: \_\_\_\_\_ Collection time: \_\_\_\_\_

Sample / Source

Providers are responsible to obtain informed consent, as required by Michigan law, for predictive or pre-symptomatic genetic tests. Informed Consent form is attached to this requisition. Please submit with sample.

- ☐ Bone marrow in lavender (EDTA) top tube (minimum volume: 1 mL) | Specimen Stability: Ambient – 72 hours; Refrigerated – 1 week. **DO NOT FREEZE**
- ☐ Peripheral blood in lavender (EDTA) top tube (minimum volume: 3 mL) | Specimen Stability: Ambient – 72 hours; Refrigerated – 1 week. **DO NOT FREEZE**
- ☐ Extracted DNA/RNA: **ONLY ACCEPTED FROM CLIA CERTIFIED LABORATORIES**
- ☐ FFPE Tissue – Outside institutions-: Send copy of Pathology report, 1 H&E stained slide and 5-10 unstained slides

Hematologic Tests

All tests include pathologist interpretation at a separate, additional charge.

**Translocation Tests [RT-PCR]**

\*transport specimen within 72 hours of collection

- ☐ ALL - BCR/ABL1 t(9:22), p190 (81207)
- ☐ AML - CBFB/ MYH11 inv(16) (81401)
- ☐ APL - PML/RARA t(15:17) (81315)
- ☐ CML- BCR/ABL1 t(9:22), p210 (81206)

**Gene Rearrangements**

- ☐ B Cell Gene Rearrangement (81261)
- ☐ T Cell Rearrangement- Beta (81340)
- ☐ T Cell Rearrangement- Gamma (81342)

**Common Single Gene**

- ☐ CALR Mutation (81219)
- ☐ FLT3 Mutation (81245, 81246)
- ☐ IDH1 Mutation (81120)
- ☐ IDH2 Mutation (81121)
- ☐ JAK-2 Mutation (81279)
- ☐ MPL Mutation (81339)
- ☐ MYD88 Mutation (81305)
- ☐ NPM1 Mutation (81310)
- ☐ TP53 Mutation (81351)

**Miscellaneous**

- ☐ Nucleic Acid Extract and Hold

**NGS Multi-Gene Panels**

- ☐ **All Sequencing Panel:** ABL1, CDKN2A, CDKN2B, CREBBP, CRLF2, DNMT3A, FBXW7, FLT3, IDH1, IDH2, IL7R, JAK1, JAK2, JAK3, KMT2A, KMT2D, KRAS, NF1, NOTCH1, NRAS, PHF6, PTEN, PTPN11, RUNX1, SH2B3, TP53 +112 fusion targets (81455)
- ☐ **CLL/ SLL Sequencing Panel:** ARID1A, ATM, B2M, BCL2, BIRC3, BRAF, BTK, CARD11, CCND1, CD79A, CD79B, CDKN2A, CREBBP, CXCR4, DNMT3A, EP300, EZH2, FBXW7, FOXO1, GNA13, IDH1, IDH2, JAK1, JAK3, KLF2, KMT2D, KRAS, MAP2K1, MEF2B, MYC, MYD88, NFKBIE, NOTCH1, NOTCH2, NRAS, PIM1, PLCG2, POT1, RHOA, SETD2, SF3B1, STAT3, STAT5B, STAT6, TCF3, TET2, TNFAIP3, TNFRSF14, TP53, XPO1 (81450)
- ☐ **Myeloid PLUS Panel:** ANKRD26, ASXL1, ATRX, BCOR, BCORL1, BRAF, CALR, CBL, CEBPA, CSF3R, CUX1, DDX41, DNMT3A, ENTK1,ETV6, EZH2, FLT3, GATA2, GNAS, HRAS, IDH1, IDH2, JAK2, JAK3, KIT, KMT2A, KRAS, MPL, NF1, NPM1, NRAS, PHF6, PPM1D, PTPN11, RAD21, RUNX1, SETBP1, SF3B1, SH2B3, SMC1A, SMC3, SRP72, SRSF2, STAG2, TET2, TP53, U2AF1, WT1, ZRSR2 (81450)
- ☐ **Myeloproliferative Panel (MPN)**  
CALR, JAK2, MPL (81219,81279,81339)
- ☐ **Rapid AML Panel:** AKRD26, ASXL1, BCOR, CEBPA, DDX41, DNMT3A, ETV6, EZH2, FLT3, GATA2, HRAS, IDH1, IDH2, KIT, KRAS, NPM1, NRAS, RUNX1, SF3B1, SRSF2, STAG2, TET2, TP53, U2AF1, WT1, ZRSR2 +112 fusion targets (81455)
- ☐ **Rapid FLT3** - for new diagnosis and previously positive FLT3-ITD

**Custom Sequencing Panels – see Gene List on the reverse of this form.**

- ☐ **1-4 genes** (CPT varies based on genes selected. Call for CPT coding)
- ☐ **5-50 genes (81450)**

Other Molecular Testing

Send Additional Reports To:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## MOLECULAR HEMATOLOGIC TESTING REQUISITION

### Gene List

<input type="checkbox"/> <i>ABL1</i>	<input type="checkbox"/> <i>CD79A</i>	<input type="checkbox"/> <i>ID3</i>	<input type="checkbox"/> <i>PAX5</i>	<input type="checkbox"/> <i>STAT3</i>
<input type="checkbox"/> <i>ANKRD26</i>	<input type="checkbox"/> <i>CD79B</i>	<input type="checkbox"/> <i>IDH1</i>	<input type="checkbox"/> <i>PDGFRA</i>	<input type="checkbox"/> <i>STAT5B</i>
<input type="checkbox"/> <i>ARID1A</i>	<input type="checkbox"/> <i>CDKN2A</i>	<input type="checkbox"/> <i>IDH2</i>	<input type="checkbox"/> <i>PHF6</i>	<input type="checkbox"/> <i>STAT6</i>
<input type="checkbox"/> <i>ASXL1</i>	<input type="checkbox"/> <i>CDKN2B</i>	<input type="checkbox"/> <i>IKZF1</i>	<input type="checkbox"/> <i>PIM1</i>	<input type="checkbox"/> <i>TCF3</i>
<input type="checkbox"/> <i>ASXL2</i>	<input type="checkbox"/> <i>CEBPA</i>	<input type="checkbox"/> <i>IL7R</i>	<input type="checkbox"/> <i>PLCG2</i>	<input type="checkbox"/> <i>TET2</i>
<input type="checkbox"/> <i>ATM</i>	<input type="checkbox"/> <i>CREBBP</i>	<input type="checkbox"/> <i>JAK1</i>	<input type="checkbox"/> <i>POT1</i>	<input type="checkbox"/> <i>TNFAIP3</i>
<input type="checkbox"/> <i>ATRX</i>	<input type="checkbox"/> <i>CRLF2</i>	<input type="checkbox"/> <i>JAK2</i>	<input type="checkbox"/> <i>PPM1D</i>	<input type="checkbox"/> <i>TNFRSF14</i>
<input type="checkbox"/> <i>B2M</i>	<input type="checkbox"/> <i>CSF3R</i>	<input type="checkbox"/> <i>JAK3</i>	<input type="checkbox"/> <i>PRDM1</i>	<input type="checkbox"/> <i>TP53</i>
<input type="checkbox"/> <i>BCL2</i>	<input type="checkbox"/> <i>CUX1</i>	<input type="checkbox"/> <i>KDMKIT</i>	<input type="checkbox"/> <i>PTEN</i>	<input type="checkbox"/> <i>U2AF1</i>
<input type="checkbox"/> <i>BCL6</i>	<input type="checkbox"/> <i>CXCR4</i>	<input type="checkbox"/> <i>KLF2</i>	<input type="checkbox"/> <i>PTPN11</i>	<input type="checkbox"/> <i>WT1</i>
<input type="checkbox"/> <i>BCOR</i>	<input type="checkbox"/> <i>DDX41</i>	<input type="checkbox"/> <i>KMT2A</i>	<input type="checkbox"/> <i>RAD21</i>	<input type="checkbox"/> <i>XP01</i>
<input type="checkbox"/> <i>BCORL1</i>	<input type="checkbox"/> <i>DNMT3A</i>	<input type="checkbox"/> <i>KMT2D</i>	<input type="checkbox"/> <i>RB1</i>	<input type="checkbox"/> <i>ZRSR2</i>
<input type="checkbox"/> <i>BIRC3</i>	<input type="checkbox"/> <i>EP300</i>	<input type="checkbox"/> <i>KRAS</i>	<input type="checkbox"/> <i>RHOA</i>	
<input type="checkbox"/> <i>BRAF</i>	<input type="checkbox"/> <i>ETNK1</i>	<input type="checkbox"/> <i>MAP2K1</i>	<input type="checkbox"/> <i>RUNX1</i>	
<input type="checkbox"/> <i>BTK</i>	<input type="checkbox"/> <i>ETV6</i>	<input type="checkbox"/> <i>MEF2B</i>	<input type="checkbox"/> <i>SETBP1</i>	
<input type="checkbox"/> <i>CALR</i>	<input type="checkbox"/> <i>EZH2</i>	<input type="checkbox"/> <i>MPL</i>	<input type="checkbox"/> <i>SETD2</i>	
<input type="checkbox"/> <i>CARD11</i>	<input type="checkbox"/> <i>FBXW7</i>	<input type="checkbox"/> <i>MYC</i>	<input type="checkbox"/> <i>SF3B1</i>	
<input type="checkbox"/> <i>CBL</i>	<input type="checkbox"/> <i>FLT3</i>	<input type="checkbox"/> <i>MYD88</i>	<input type="checkbox"/> <i>SH2B3</i>	
<input type="checkbox"/> <i>CBLB</i>	<input type="checkbox"/> <i>FOXO1</i>	<input type="checkbox"/> <i>NF1</i>	<input type="checkbox"/> <i>SMC1A</i>	
<input type="checkbox"/> <i>CBLCL</i>	<input type="checkbox"/> <i>GATA1</i>	<input type="checkbox"/> <i>NFKBIE</i>	<input type="checkbox"/> <i>SMC3</i>	
<input type="checkbox"/> <i>CCND1</i>	<input type="checkbox"/> <i>GATA2</i>	<input type="checkbox"/> <i>NOTCH1</i>	<input type="checkbox"/> <i>SOC31</i>	
<input type="checkbox"/> <i>CCND2</i>	<input type="checkbox"/> <i>GNA13</i>	<input type="checkbox"/> <i>NOTCH2</i>	<input type="checkbox"/> <i>SRP72</i>	
<input type="checkbox"/> <i>CCND3</i>	<input type="checkbox"/> <i>GNAS</i>	<input type="checkbox"/> <i>NPM1</i>	<input type="checkbox"/> <i>SRSF2</i>	
<input type="checkbox"/> <i>CD58</i>	<input type="checkbox"/> <i>HRAS</i>	<input type="checkbox"/> <i>NRAS</i>	<input type="checkbox"/> <i>STAG2</i>	