

MOLECULAR HEMATOLOGIC TESTING REQUISITION

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 - CBFβ/ 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)

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)
- Myeloproliferative 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**
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)
- 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 #: _____

Gene List

<input type="checkbox"/> ABL1	<input type="checkbox"/> CD79A	<input type="checkbox"/> ID3	<input type="checkbox"/> PAX5	<input type="checkbox"/> STAT3
<input type="checkbox"/> ANKRD26	<input type="checkbox"/> CD79B	<input type="checkbox"/> IDH1	<input type="checkbox"/> PDGFRA	<input type="checkbox"/> STAT5B
<input type="checkbox"/> ARID1A	<input type="checkbox"/> CDKN2A	<input type="checkbox"/> IDH2	<input type="checkbox"/> PHF6	<input type="checkbox"/> STAT6
<input type="checkbox"/> ASXL1	<input type="checkbox"/> CDKN2B	<input type="checkbox"/> IKZF1	<input type="checkbox"/> PIM1	<input type="checkbox"/> TCF3
<input type="checkbox"/> ASXL2	<input type="checkbox"/> CEBPA	<input type="checkbox"/> IL7R	<input type="checkbox"/> PLCG2	<input type="checkbox"/> TET2
<input type="checkbox"/> ATM	<input type="checkbox"/> CREBBP	<input type="checkbox"/> JAK1	<input type="checkbox"/> POT1	<input type="checkbox"/> TNFAIP3
<input type="checkbox"/> ATRX	<input type="checkbox"/> CRLF2	<input type="checkbox"/> JAK2	<input type="checkbox"/> PPM1D	<input type="checkbox"/> TNFRSF14
<input type="checkbox"/> B2M	<input type="checkbox"/> CSF3R	<input type="checkbox"/> JAK3	<input type="checkbox"/> PRDM1	<input type="checkbox"/> TP53
<input type="checkbox"/> BCL2	<input type="checkbox"/> CUX1	<input type="checkbox"/> KDMKIT	<input type="checkbox"/> PTEN	<input type="checkbox"/> U2AF1
<input type="checkbox"/> BCL6	<input type="checkbox"/> CXCR4	<input type="checkbox"/> KLF2	<input type="checkbox"/> PTPN11	<input type="checkbox"/> WT1
<input type="checkbox"/> BCOR	<input type="checkbox"/> DDX41	<input type="checkbox"/> KMT2A	<input type="checkbox"/> RAD21	<input type="checkbox"/> XPO1
<input type="checkbox"/> BCORL1	<input type="checkbox"/> DNMT3A	<input type="checkbox"/> KMT2D	<input type="checkbox"/> RB1	<input type="checkbox"/> ZRSR2
<input type="checkbox"/> BIRC3	<input type="checkbox"/> EP300	<input type="checkbox"/> KRAS	<input type="checkbox"/> RHOA	
<input type="checkbox"/> BRAF	<input type="checkbox"/> ETNK1	<input type="checkbox"/> MAP2K1	<input type="checkbox"/> RUNX1	
<input type="checkbox"/> BTK	<input type="checkbox"/> ETV6	<input type="checkbox"/> MEF2B	<input type="checkbox"/> SETBP1	
<input type="checkbox"/> CALR	<input type="checkbox"/> EZH2	<input type="checkbox"/> MPL	<input type="checkbox"/> SETD2	
<input type="checkbox"/> CARD11	<input type="checkbox"/> FBXW7	<input type="checkbox"/> MYC	<input type="checkbox"/> SF3B1	
<input type="checkbox"/> CBL	<input type="checkbox"/> FLT3	<input type="checkbox"/> MYD88	<input type="checkbox"/> SH2B3	
<input type="checkbox"/> CBLB	<input type="checkbox"/> FOXO1	<input type="checkbox"/> NF1	<input type="checkbox"/> SMC1A	
<input type="checkbox"/> CBLC	<input type="checkbox"/> GATA1	<input type="checkbox"/> NFKBIE	<input type="checkbox"/> SMC3	
<input type="checkbox"/> CCND1	<input type="checkbox"/> GATA2	<input type="checkbox"/> NOTCH1	<input type="checkbox"/> SOCS1	
<input type="checkbox"/> CCND2	<input type="checkbox"/> GNA13	<input type="checkbox"/> NOTCH2	<input type="checkbox"/> SRP72	
<input type="checkbox"/> CCND3	<input type="checkbox"/> GNAS	<input type="checkbox"/> NPM1	<input type="checkbox"/> SRSF2	
<input type="checkbox"/> CD58	<input type="checkbox"/> HRAS	<input type="checkbox"/> NRAS	<input type="checkbox"/> STAG2	