



Knight Diagnostic Laboratories

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 Questions? (855) 535-1522

Hematologic Malignancy Test Requisition

Patient Information

Patient Last Name

Patient First Name

Street Address

City, State, Zip

Phone DOB / /

Fax Male Female

ID/MRN #

Hospital In-Patient Yes No

Physician Signature _____ Date _____

Ordering Healthcare Provider Information

Full Name

NPI

Office/Facility Name

Address

City, State, Zip

Phone Fax

Account #

Notes

Send additional copies of test results to:

Healthcare Provider Name

Healthcare Provider Name

Provider Phone Fax

Provider Phone Fax

Billing Information - Select One Billing Method

Self Pay Bill Insurance
 Attach Copy of Insurance Card or Billing Face Sheet

Billing is done in accordance with the information provided below and OHSU policy. Appropriate areas must be completed or referring laboratory/physician will be billed

Bill Referring Provider or Institution
 Invoice will be sent to Client Account and Address Listed Above

Primary Insurance Name

Primary Policy #

Primary Group #

Preauthorization #

Relation to Insured Medicaid Medicare
 Self Child Spouse Other _____

Secondary Insurance Name

Secondary Policy #

Secondary Group #

Preauthorization #

Relation to Insured Medicaid Medicare
 Self Child Spouse Other _____

Clinical Information

Specimen Type

Whole Blood Previous bone marrow transplant?
 Bone Marrow Aspirate Yes No
 Bone Marrow Core If yes, sex of marrow donor
 FFPE: Source _____ Male Female
 Other: _____ Date of transplant
 DNA from* / /
 RNA from*

Date of Specimen Collection / /

Time of Specimen Collection : :

Name/ID of Donor

ICD-10 (required)

Clinical Diagnosis (attach pathology report)

Notes

Molecular Panels

Code	Panel	Tests
<input type="checkbox"/> 4600	Comprehensive Heme Panel	220 Gene DNA Panel
<input type="checkbox"/> 4130	BTK Inhibitor Acquired Resistance Panel	BTK and PLCG2
<input type="checkbox"/> 4141	MYD88 and CXCR4 Mutation Panel	MYD88 and CXCR4
<input type="checkbox"/> 4610	GeneTrails Heme Fusion Gene Panel	RNA Fusion Panel
<input type="checkbox"/> 4376	Thrombocytosis Panel	JAK2 V617F, CALR, MPL
<input type="checkbox"/> 4375	Erythrocytosis Panel	JAK2 V617F, JAK2, Exon 12

Single Gene Assays

Code	Test Name	Code	Test Name
<input type="checkbox"/> 4071	B-Cell IgH Gene Rearrangement (Clonality)	<input type="checkbox"/> 4736	JAK2 Exon 12 Mutation Analysis
<input type="checkbox"/> 4072	B-Cell IgK Gene Rearrangement (Clonality)	<input type="checkbox"/> 4734	JAK2 V617F Mutation Analysis, Quantitative
<input type="checkbox"/> 4020	BCR::ABL Kinase Domain Mutations (Sequencing) Include BCR::ABL RNA PCR Level: Indicate Breakpoint: <input type="text"/>	<input type="checkbox"/> 4740	JAK2 V617F Quantitative Mutation Analysis, with Reflex to Calreticulin
<input type="checkbox"/> 4080	BCR::ABL RNA, Quantitative, PCR *If negative, reflex to more sensitive digital PCR? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 5010	MPL Mutation Analysis
<input type="checkbox"/> 4125	BTK, Exon 14 Sequencing	<input type="checkbox"/> 8099	MYD88 Mutation Analysis
<input type="checkbox"/> 4140	Calreticulin (CALR)	<input type="checkbox"/> 5080	Nucleophosmin (NPM1) Mutation Analysis
<input type="checkbox"/> 4206	cKIT for AML (Exons 8, 17)	<input type="checkbox"/> 5300	PML::RARA RNA, Quantitative, PCR
<input type="checkbox"/> 4208	cKIT for Mastocytosis (High Sensitivity) (Exon 17)	<input type="checkbox"/> 4143	PLCG2 Mutation Testing
<input type="checkbox"/> 4133	CXCR4 Mutation Testing	<input type="checkbox"/> 5593	T-Cell Receptor (TCR) Beta Gene Rearrangement (Clonality)
<input type="checkbox"/> 4138	EZH2 Mutation Testing	<input type="checkbox"/> 5594	T-Cell Receptor (TCR) Gamma Gene Rearrangement (Clonality)
<input type="checkbox"/> 4460	FLT3 Mutation Analysis	<input type="checkbox"/> 4045	TP53 Somatic Mutation Testiing
<input type="checkbox"/> 4650	IDH1 & IDH2 Mutation Analysis	<input type="checkbox"/> 4147	UBA1 Mutation Testing
<input type="checkbox"/>		<input type="checkbox"/>	

Post Transplant Engraftment		
Code	Test Name	
<input type="checkbox"/>	4380	Pre-transplant, Donor
<input type="checkbox"/>	4382	Pre-transplant, Recipient
<input type="checkbox"/>	4388	Post-transplant Engraftment (Chimerism by STR)
<input type="checkbox"/>	4390	Post-transplant Engraftment, Sorted Cell Chimerism by STR Identify antibody:
	<input type="checkbox"/>	CD3+
	<input type="checkbox"/>	CD19+
	<input type="checkbox"/>	CD33+
	<input type="checkbox"/>	Other: <input type="text"/>

Chromosome Studies *		
Code	Test Name	
<input type="checkbox"/>	6066	Bone Marrow Chromosome Analysis
<input type="checkbox"/>	6300	Hem/Onc Blood Chromosome Analysis
<input type="checkbox"/>	6810	Solid Tissue Tumor Identify tissue type:
		<input type="text"/>
* Chromosome Studies will reflex to FISH if clinically relevant abnormalities are detected; appropriate charges will apply		

FISH Panels			
Code	Panels	Panels	
<input type="checkbox"/>	7010 B-ALL Panel *Reflex testing may include MLLT3/MLL, AFF1, MLL/MLLT1, CRLF2 and/or IL3 when relevant.	ETV6/RUNX1 BCR/ABL + ASS MLL CEP4/CEP10/CEP17 E2A IGH CDKN2A (p16) / CEP9 ETV6 break apart CRLF2	t(12;21) (aka TEL/AML1) t(9;22) 11q23 rearrangement +4, +10, and +17 19p13.3 rearrangement 14q32 rearrangement 9p21 deletion 12p13 rearrangement Xp22.33/Yp11.32 rearrangement
<input type="checkbox"/>	8178 T-ALL Panel *Reflex testing may include MLLT3/MLL, AFF1, and/or MLL/MLLT1 when relevant.	BCR/ABL + ASS MLL TRAD(TCR) TP53/CEP17 CDKN2A (p16) / CEP9 TCL1	t(9;22) 11q23 rearrangement 14q11 rearrangement TP53 deletion 9p21 deletion 14q32 rearrangement
<input type="checkbox"/>	7014 AML Panel *Reflex testing may include MLLT3/MLL, AFF1, MLL/MLLT1, and/or RUNX1 break-apart when relevant.	EGR1/5q33/5p15.2 D7S486/CEP7 MLL BCR/ABL + ASS PML/RARA RUNXIT1/RUNX1 CBFB/MYH11 DEK/NUP214 GATA2/MECOM NUP98 ETV6 break apart	-5/5q deletion -7/7q deletion 11q23 rearrangement t(9;22) t(15;17) t(8;21)(aka ETO/AML1) inv(16) or t(16;16) t(6;9) t(3;3)/inv(3q) 11p15 rearrangement 12p13 rearrangement
<input type="checkbox"/>	7060 Burkitt Panel	IGH/MYC/CEP8 MYC break apart	t(8;14) 8q24 rearrangement

FISH Panels

Code	Panels	Panels	Panels
<input type="checkbox"/> 7100	CLL/SLL Panel *Reflex testing may include IGH break-apart and/or BCL3 break-apart when relevant.	IGH/CCND1 ATM TP53 D13S319/13q34 CEP12 6q21,6q23 (MYB)	t(11;14) ATM deletion TP53 deletion -13/13q deletion +12 6q deletion
<input type="checkbox"/> 7190	HES/CMML/MPN Panel	FIP1L1/CHIC2/PDGFRB PDGFRB FGFR1 BCR/ABL + ASS D7S486/CEP7 CEP8 ETV6 JAK2	CHIC2 deletion (FIP1L1/PDGFRB fusion) 5q23 rearrangement 8p12 rearrangement t(9;22) -7/7q deletion +8 12p13 rearrangement 9p24 rearrangement
<input type="checkbox"/> 7450	Diffuse Large B-cell Lymphoma Panel *Reflex testing may include IGH, IGK, and/or IGL break-apart when relevant.	IGH/MYC IGH/BCL2 MYC BCL6 IRF4	t(8;14) t(14;18) 8q24 rearrangement 3q27 rearrangement 6p25 rearrangement
<input type="checkbox"/> 7210	Fanconi Anemia Panel	1p/1q EGR1/5q33/5p15.2 D7S486/CEP7 CEP8 D20S108/20qtel BCL6 /CEP3 MLL TP53/CEP17	gain of 1q -5/5q deletion -7/7q deletion +8 -20/20q deletion gain of 3q 11q23 rearrangement TP53 deletion
<input type="checkbox"/> 7454	Marginal Zone Lymphoma Panel *Reflex testing may include BIRC3/MALT1, IGH/MALT1, FOXP1, and/or BCL10 when relevant.	BCL6/CEP3 IGH CEP7/CEP8 MALT1	3q27 rearrangement and +3 14a32 rearrangement +18 18q21 rearrangement
<input type="checkbox"/> 7520	Multiple Myeloma Panel* *FISH performed on CD138+ sorted cells; sorting done in our lab. Reflex testing may include IGH/MYC, IGH/FGFR3, IGH/MAFB, IGH/MAF, IGH/CCND3, IGK, IGL, and/or RB1/ D13S5319/LAMP1 when relevant.	TP53/CEP17 MYC (8q24) IGH (14q32) IGH/CCND1 CDKN2C/CKS1B CEP3 5p15/15q22	TP53 deletion 8q24 rearrangement and/or amp 14q32 rearrangement t(11;14) tp33 deletion/1q21 amp +3 +5,+15 (hyperdiploidy)
<input type="checkbox"/> 7500	MDS Panel *Reflex testing may include: MLLT3/MLL, AFF1 and/or MLL/MLLT1 when relevant.	EGR1/5q33/5p15.2 D7S486/CEP7 CEP8 D20S108/20qtel MLL TP53/CEP17 GATA2/MECOM	-5/5q deletion -7/7q deletion +8 -20/20q deletion 11q23 rearrangement TP53 deletion t(3;3)/inv (3q)
<input type="checkbox"/> 7600	NSCLC FISH Panel (ALK, ROS1, MET)	ALK (2p23) C-MET/CEP7 (7q31.2) RET (10q11.2) ROS1 (6q22)	ALK rearrangement MET amplification RET rearrangement ROS1 rearrangement

FISH Tests

Code	Test Name	Code	Test Name	Code	Test Name
<input type="checkbox"/>	8022 5p15/15q22	<input type="checkbox"/>	ABL1 (9q34.1)	<input type="checkbox"/>	ABL2 (1q25.2)
<input type="checkbox"/>	AFF1 (4q21.3)	<input type="checkbox"/>	8018 ALK (2p23)	<input type="checkbox"/>	8027 ATM (11q22.3)
<input type="checkbox"/>	8040 BCL2 (18q21.3)	<input type="checkbox"/>	BCL3 (19q13.3)	<input type="checkbox"/>	8050 BCL6 (3q27)
<input type="checkbox"/>	BCL10 (1p22.3)	<input type="checkbox"/>	7040 BCR/ABL +/- ASS t(9;22)	<input type="checkbox"/>	8025 BIRC3/MALT1 t(11;18)
<input type="checkbox"/>	8075 CFBF/MYH11 inv(16)/t(16;16)	<input type="checkbox"/>	8115 CCND1 (11q13)	<input type="checkbox"/>	8615 CDKN2A (9p21)/CEN9
<input type="checkbox"/>	8080 CEP X/CEP Y	<input type="checkbox"/>	CEP3	<input type="checkbox"/>	8087 CEP8
<input type="checkbox"/>	8091 CEP12	<input type="checkbox"/>	8021 CEPN4/CEN10/CEN17	<input type="checkbox"/>	8090 CHIC2/FIPIL1/PDGFR4 (4q11)
<input type="checkbox"/>	CRLF2 (Xp22.33/Yp11.32)	<input type="checkbox"/>	8127 D13S319 (13q14.3)/ 13q34	<input type="checkbox"/>	8129 D20S108 /20q tel
<input type="checkbox"/>	8130 D7S486 (7q31)/CEN7	<input type="checkbox"/>	DEK/NUP214 t(6;9)	<input type="checkbox"/>	E2A/PBX1 t(1;19)
<input type="checkbox"/>	8182 EGR1 (5q31.1)/5q33/5p15.2	<input type="checkbox"/>	8795 ETV6 (12p13)	<input type="checkbox"/>	8794 ETV6/RUNX1 t(12;21) (aka TEL/AML1)
<input type="checkbox"/>	EVI1 (3q26)	<input type="checkbox"/>	8218 FGFR1 (8p21)	<input type="checkbox"/>	FOXP1 (3p13)
<input type="checkbox"/>	7359 IGH (14q32)	<input type="checkbox"/>	7360 IGH/BCL2 t(14;18)	<input type="checkbox"/>	7090 IGH/CCND1 t(11;14)
<input type="checkbox"/>	IGH/CCND3 t(6;14)	<input type="checkbox"/>	8338 IGH/FGFR3 t(4;14)	<input type="checkbox"/>	8340 IGH/MAF t(14;16)
<input type="checkbox"/>	IGH/MAFB t(14;20)	<input type="checkbox"/>	8341 IGH/MALT1 t(14;18)	<input type="checkbox"/>	8342 IGH/MYC t(8;14)
<input type="checkbox"/>	IGK (2p11.2)	<input type="checkbox"/>	IGL (22q11.2)	<input type="checkbox"/>	IL3 (5q31.1)
<input type="checkbox"/>	IRF4 (6p25)	<input type="checkbox"/>	JAK2 (9p24)	<input type="checkbox"/>	8490 MALT1 (18q21)
<input type="checkbox"/>	GATA2/MECOM inv(3)/t(3;3)				
<input type="checkbox"/>	8503 MLL (11q23.3)	<input type="checkbox"/>	MLL/MLL1 t(11;19)	<input type="checkbox"/>	MLL3/MLL t(9;11)
<input type="checkbox"/>	8670 MYB (6q23)/6q21/CEN6	<input type="checkbox"/>	8098 MYC (8q24)	<input type="checkbox"/>	MYC/CEP8
<input type="checkbox"/>	8580 N-MYC (2p24)	<input type="checkbox"/>	NUP98 (11p15.4)	<input type="checkbox"/>	8625 PDGFRB (5q33.1)
<input type="checkbox"/>	8636 PML/RARA t(15;17)	<input type="checkbox"/>	RARA (17q12-21)	<input type="checkbox"/>	RB1/D13S319/LAMP1
<input type="checkbox"/>	RUNX1 (21q22.1)	<input type="checkbox"/>	8020 RUNX1/RUNX1T1 (aka AML/ETO) t(8;21)	<input type="checkbox"/>	8175 TCF3 (19p13.3) (E2A)
<input type="checkbox"/>	TCL1 (14q32)	<input type="checkbox"/>	8618 TP53 (17p13)/CEP17	<input type="checkbox"/>	8140 TRA/D (14q11.1-11.2)

Result Release
Results will be immediately available to the patient unless you mark the box below
 Do not release (I reasonably believe that an Information Blocking exception applies)

Comments / Requests: