



Knight Diagnostic Laboratories

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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

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

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

Clinical Information

Specimen Type

Whole Blood Previous bone marrow transplant? Yes No

Bone Marrow Aspirate

Bone Marrow Core If yes, sex of marrow donor Male Female

FFPE: Source _____ Date of transplant _____

Other: _____

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
4600	Comprehensive Heme Panel	220 Gene DNA Panel
4130	BTK Inhibitor Acquired Resistance Panel	BTK and PLCG2
4141	MYD88 and CXCR4 Mutation Panel	MYD88 and CXCR4
4610	GeneTrails Heme Fusion Gene Panel	RNA Fusion Panel
4376	Thrombocytosis Panel	JAK2 V617F, CALR, MPL
4375	Erythrocytosis Panel	JAK2 V617F, JAK2, Exon 12

Single Gene Assays

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

Post Transplant Engraftment		Chromosome Studies *	
Code	Test Name	Code	Test Name
4380	Pre-transplant, Donor	6066	Bone Marrow Chromosome Analysis
4382	Pre-transplant, Recipient	6300	Hem/Onc Blood Chromosome Analysis
4388	Post-transplant Engraftment (Chimerism by STR)	6810	Solid Tissue Tumor Identify tissue type:
4390	Post-transplant Engraftment, Sorted Cell Chimerism by STR Identify antibody:		
	CD3+		
	CD19+		
	CD33+		
	Other:		

* Chromosome Studies will reflex to FISH if clinically relevant abnormalities are detected; appropriate charges will apply

FISH Panels			
Code	Panels	Panels	
7010	B-ALL Panel* *Reflex testing may include MLLT3/MLL, AFF1, MLL/MLLT1, ETV6 break apart, and/or IL3 when relevant.	ETV6/RUNX1 BCR/ABL + ASS MLL Wolf-Hirschhorn(4p16.3)/4q12)/CEP(10) E2A IGH CDKN2A (p16) / CEP9 CRLF2	t(12;21) (aka TEL/AML1) t(9;22) 11q23 rearrangement +4 and +10 19p13.3 rearrangement 14q32 rearrangement 9p21 deletion Xp22.33/Yp11.32 rearrangement
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
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 break apart BCR/ABL + ASS PML/RARA RUNXIT1/RUNX1 CBFB/MYH11 DEK/NUP214 GATA2/MECOM NUP98 break apart TP53/NF1	-5/5q deletion -7/7q deletion 11q23 rearrangement t(9;22) t(15;17) t(8;21) inv(16) or t(16;16) t(6;9) t(3;3)/inv(3q) 11p15 rearrangement TP53 deletion
8022	AML/MDS Panel* *Reflexing may include: MLLT3/MLL, AFF1, MLL/MLLT1, and/or RUNX1 break-apart when relevant.	EGR1/5q33/5p15.2 D7S486/CEP7 MLL break apart BCR/ABL + ASS PML/RARA RUNXIT1/RUNX1 CBFB/MYH11 DEK/NUP214 GATA2/MECOM NUP98 break apart D20S108/20qtel CEP 8 TP53/NF1	-5/5q deletion -7/7q deletion 11q23 rearrangement t(9;22) t(15;17) t(8;21) inv(16)/ t(16;16) t(6;9) t(3;3)/inv(3q) 11p15 rearrangement -20/20q deletion +8 TP53 deletion

FISH Panels

Code	Panels	Panels	Panels
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
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
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
7210	Fanconi Anemia Panel	1p/1q EGR1/5q33/5p15.2 D7S486/CEP7 CEP8 D20S108/20qtel BCL6 /CEP3 MLL TP53/NF1	gain of 1q -5/5q deletion -7/7q deletion +8 -20/20q deletion gain of 3q 11q23 rearrangement TP53 deletion
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
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/D13S319/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)
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)
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
8022	5p15/15q22		ABL1 (9q34.1)		ABL2 (1q25.2)
	AFF1 (4q21.3)	8018	ALK (2p23)	8027	ATM (11q22.3)
8040	BCL2 (18q21.3)		BCL3 (19q13.3)	8050	BCL6 (3q27)
	BCL10 (1p22.3)	7040	BCR/ABL +/- ASS t(9;22)	8025	BIRC3/MALT1 t(11;18)
8075	CBFB/MYH11 inv(16)/t(16;16)	8115	CCND1 (11q13)	8615	CDKN2A (9p21)/CEN9
8080	CEP X/CEP Y		CEP3	8087	CEP8
8091	CEP12	8021	CEPN4/CEN10/CEN17	8090	CHIC2/FIPIL1/PDGFR4 (4q11)
	CRLF2 (Xp22.33/Yp11.32)	8127	D13S319 (13q14.3)/ 13q34	8129	D20S108 /20q tel
8130	D7S486 (7q31)/CEN7		DEK/NUP214 t(6;9)		E2A/PBX1 t(1;19)
8182	EGR1 (5q31.1)/5q33/5p15.2	8795	ETV6 (12p13)	8794	ETV6/RUNX1 t(12;21) (aka TEL/AML1)
	EVI1 (3q26)	8218	FGFR1 (8p21)		FOXP1 (3p13)
7359	IGH (14q32)	7360	IGH/BCL2 t(14;18)	7090	IGH/CCND1 t(11;14)
	IGH/CCND3 t(6;14)	8338	IGH/FGFR3 t(4;14)	8340	IGH/MAF t(14;16)
	IGH/MAFB t(14;20)	8341	IGH/MALT1 t(14;18)	8342	IGH/MYC t(8;14)
	IGK (2p11.2)		IGL (22q11.2)		IL3 (5q31.1)
	IRF4 (6p25)		JAK2 (9p24)	8490	MALT1 (18q21)
	GATA2/MECOM inv(3)/t(3;3)				
8503	MLL (11q23.3)		MLL/MLL1 t(11;19)		MLL3/MLL t(9;11)
8670	MYB (6q23)/6q21/CEN6	8098	MYC (8q24)		MYC/CEP8
8580	N-MYC (2p24)		NUP98 (11p15.4)	8625	PDGFRB (5q33.1)
8636	PML/RARA t(15;17)		RARA (17q12-21)		RB1/D13S319/LAMP1
	RUNX1 (21q22.1)	8020	RUNX1/RUNX1T1 (aka AML/ETO) t(8;21)	8175	TCF3 (19p13.3) (E2A)
	TCL1 (14q32)	8618	TP53 (17p13)/CEP17	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: