Knight Diagnostic Laboratories

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Hematologic Malignancy Requisition

Patient Information

Full Name
Street Address
City, State, Zip
Phone
DOB / /
Fax
☐ Male ☐ Female
ID/MRN #
Hospital In-Patient ☐ Yes ☐ No

Physician Signature Date

Ordering Physician Information

Full Name
NPI
Office/Facility Name
Address
City, State, Zip
Phone
Fax
Account #
Notes

Send additional copies of test results to:

Physician Name
Physician Phone
Fax
Physician Name
Physician Phone
Fax

Billing Information

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

☐ Bill Client
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
☐ Bone Marrow Aspirate
☐ Bone Marrow Core
☐ FFPE: Source_____
☐ Other:_____
☐ DNA from*
☐ RNA from*

Previous bone marrow transplant?
☐ Yes ☐ No
If yes, sex of marrow donor
☐ Male ☐ Female
Date of transplant
/ /

Name/ID of Donor
ICD-910 (required)
Clinical Diagnosis (attach pathology report)
Notes

Date of Specimen Collection / /
Time of Specimen Collection : :

*DNA/RNA extraction must occur in a CLIA-certified lab or a lab meeting equivalent requirements.

Single Gene Assays

	Code	Test Name		Code	Test Name
☐	4070	B-Cell (IgH and Ig-kappa) Gene Rearrangement (Clonality)	☐	4650	IDH1 & IDH2 Mutation Analysis
☐	4020	BCR-ABL Kinase Domain Mutations (Sequencing) Include BCR-ABL RNA PCR Level:_____ Indicate Breakpoint:_____	☐	4736	JAK2 Exon 12 Mutation Analysis
☐	4080	BCR-ABL RNA, Quantitative, PCR	☐	4734	JAK2 V617F Mutation Analysis, Quantitative
☐	4140	Calreticulin (CALR)	☐	4740	JAK2 V617F Quantitative Mutation Analysis, with Reflex to Calreticulin
☐	4150	CEBPA Mutation Analysis	☐	5008	MLL Partial Tandem Duplication Mutation Analysis
☐	4206	cKIT for AML (Exons 8, 17)	☐	5010	MPL Mutation Analysis
☐	4208	cKIT for Mastocytosis (High Sensitivity) (Exon 17)	☐	5080	Nucleophosmin (NPM1) Mutation Analysis
☐	4250	DNMT3A Mutation Analysis	☐	5300	PML-RARA RNA, Quantitative, PCR
☐	4460	FLT3 Mutation Analysis	☐	5592	T-Cell (TCR-gamma and TCR-beta) Gene Rearrangement (Clonality)

FISH Tests

	Code	Test Name		Code	Test Name		Code	Test Name
☐	8018	ALK (2p23)	☐	8125	D138S25 (13q14.3)	☐	8338	IGH/FGF R3 t(4;14)
☐	8027	ATM (11q22.3)	☐	8127	D13S319 (13q14.3)/ 13q34	☐	8340	IGH/MAF t(14;16)
☐	8040	BCL2 (18q21.3)	☐	8129	D20S108 (20q12)/ 20p tel	☐	8341	IGH/MALT1 t(14;18)
☐	8050	BCL6 (3q27)	☐	8022	D5S23/D5S21/CEN9/CEN15	☐	8342	IGH/MYC t(8;14)
☐	7040	BCR/ABL +/- ASS t(9;22)	☐	8130	D7S486 (7q31)/CEN7	☐	8490	MALT1 (18q21)
☐	8025	BIRC3/MALT1 t(11;18)	☐	8092	DDIT3 (12q13) (CHOP)	☐	8498	MDM2 (12q15)
☐	8075	CBFB (16q22) inv(16)/t(16;16)	☐	8182	EGR1 (5q31.1)/5p15.2	☐	8503	MLL (11q23.3)
☐	8115	CCND1 (11q13)	☐	8794	ETV6/RUNX1 t(12;21) (aka TEL/AML1)	☐	8098	MYC (8q24)
☐	8615	CDKN2A (9p21)/CEP9	☐	8795	ETV6 (12p13)	☐	8670	MYB (6q23)/6q21/CEP6
☐	8021	CEP4/CEP10/CEP17	☐	8230	FOX01 (13q14.11)	☐	8580	N-MYC (2p24)
☐	8087	CEP8	☐	8250	FUS (16p11.2)	☐	8636	PML/RARA t(15;17)
☐	8091	CEP12	☐	7359	IGH (14q32)	☐	8020	RUNX1/RUNX1T1 (AML/ETO) t(8;21)
☐	8080	CEP X/CEP Y	☐	7360	IGH/BCL2 t(14;18)	☐	8175	TCF3 (19p13.3) (E2A)
☐	8090	CHIC2 (4q11)	☐	7090	IGH/CCND1 t(11;14)	☐	8618	TP53 (17p13)/CEP17
☐	8105	CSF1R (5q32)				☐	8410	TRA/D (14q11.1-11.2)

FISH Panels

	Code	Panels	Panels	
☐	7010	B-ALL Panel	ETV6/RUNX1 BCR/ABL + ASS MLL CEP4/CEP10/CEP17 E2A IGH CEP4/CEP10/CEP17	t(12;21) (aka TEL/AML1) t(9;22) 11q23 rearrangement +4, +10, and +17(hyperdiploidy) 19p13.3 rearrangement 14q32 rearrangement 9p21 deletion
☐		T-ALL Panel	EBCR/ABL + ASS MLL TRAD(TCR) TP53/CEP17 ICDKN2A (p16) / CEP9	t(9;22) 11q23 rearrangement 14q11 rearrangement TP53 deletion 9p21 deletion
☐	7014	AML Panel	EGR1/D5S23/D5S21 D7S486/CEP7 MLL BCR/ABL + ASS PML/RARA RUNXIT1/RUNX1	-5/5q deletion -7/7q deletion 11q23 rearrangement t(9;22) t(15;17) t(8;21)(aka ETO/AML1)
☐	7060	Burkitt Panel	IGH/MYC/CEP8 MYC break apart	t(8;14) 8q24 rearrangement
☐	7100	CLL/SLL Panel	IGH/CCND1 ATM TP53 D13S319/13q34 CEP12 6q21,6q23 (MYB)	t(11;14) ATM deletion TP53 deletion -13/13q deletion +12 6q deletion
☐		CMML/MPD Panel	FIP1L1/CHIC2/PDGFRA PDGFRB FGFR1 BCR/ABL + ASS D75486/CEP7 CEP8 ETV6	CHIC2 deletion (FIP1L1/PDGFRA fusion) 5q23 rearrangement 8p12 rearrangement t(9;22) -7/7q deletion +8 12p13 rearrangement
☐	7450	Diffuse Large B-cell Lymphoma Panel	IGH/CCND1 IGH/BCL2 MYC BCL6	t(11;14) t(14;18) 8q24 rearrangement 3q27 rearrangement
☐	7210	Fanconi Anemia Panel	1p/1q EGR1/D5S23/D5S21 D7S486/CEP7 CEP8 D20S108/20ptel BCL6 /CEP3 MLL TP53	gain of 1q -5/5q deletion -7/7q deletion +8 -20/20q deletion gain of 3q 11q23 rearrangement TP53 deletion
☐	7190	Hypereosinophilia Panel	FIP1L1/CHIC2/PDGFRA PDGFRB FGFR1	CHIC2 deletion (FIP1L1/PDGFRA fusion) 5q33 rearrangement 8p12 rearrangement
☐	7454	Marginal Zone Lymphoma Panel	BCL6/CEP3 BIRC3/MALT1 IGH/MALT IGH CEP7/CEP18	3q27 rearrangement and +3 t(11;18) t(14;18) 14q32 rearrangement +7/+18

	Code	Panels	Panels	
☐	7520	Multiple Myeloma Panel* * FISH performed on CD138+ sorted cells; sorting done in our lab. Reflex to IGH/ FGFR3 and IGH/MAF when IGH is pos. but IGH/CCND1 is neg.	TP53 D13S319/RB1 IGH (14q32) IGH/CCND1 CDKN2C(P18)/ CKS1B CEP5, CEP9, and CEP15	TP53 deletion -13/13q deletion 14q32 rearrangement t(11;14) 1p33 deletion/ 1q21 amplification +5, +9, +15 (hyperdiploidy)
☐	7500	MDS Panel	EGR1/D5S23/D5S21 D7S486/CEP7 CEP8 D20S108/20ptel MLL TP53	-5/5q deletion -7/7q deletion +8 -20/20q deletion 11q23 rearrangement TP53 deletion

Molecular Panels

	Code	Panel	Tests
☐	4600	Comprehensive Heme Panel	(76 gene Next Gen Panel)
☐	5590	T and B-Cell Gene Rearrangement	Clonality

Post Transplant Engraftment

	Code	Test Name
☐	4380	Pre-transplant, Donor
☐	4382	Pre-transplant, Recipient
☐	4388	Post-transplant Engraftment (Chimerism by STR)
☐	4390	Post-transplant Engraftment, Sorted Cell Chimerism by STR Identify antibody:
		☐ CD3+
		☐ CD19+
		☐ CD33+
		☐ Other:

Chromosome Studies *

	Code	Test Name
☐	6066	Bone Marrow Chromosome Analysis
☐	6300	Hem/Onc Blood Chromosome Analysis
☐	6810	Solid Tissue Tumor Identify tissue type:

* Chromosome Studies will reflex to FISH if clinically relevant ab-normalities are detected; appro-priate charges will apply