Knight Diagnostic Laboratories

Fax: (855) 535-1329
Email: KDLClientServices@ohsu.edu
Shipping: 2525 SW 3rd Ave, Ste 350, Portland, OR 97201
Questions? (855) 535-1522

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-10 (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)	☐	4736	JAK2 Exon 12 Mutation Analysis
☐	4020	BCR-ABL Kinase Domain Mutations (Sequencing) Include BCR-ABL RNA PCR Level: Indicate Breakpoint:	☐	4734	JAK2 V617F Mutation Analysis, Quantitative
☐	4080	BCR-ABL RNA, Quantitative, PCR	☐	4740	JAK2 V617F Quantitative Mutation Analysis, with Reflex to Calreticulin
☐	4140	Calreticulin (CALR)	☐	5008	MLL Partial Tandem Duplication Mutation Analysis
☐	4150	CEBPA Mutation Analysis	☐	5010	MPL Mutation Analysis
☐	4206	cKIT for AML (Exons 8, 17)	☐	8099	MYDD 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)
☐	4650	IDH1 & IDH2 Mutation Analysis			

FISH Tests

	Code	Test Name		Code	Test Name		Code	Test Name
☐	8018	ALK (2p23)	☐	8140	TRA/D (14q11.1-11.2)	☐	8338	IGH/FGFR3 t(4;14)
☐	8027	ATM (11q22.3)	☐	8127	D13S319 (13q14.3)/ 13q34	☐	8340	IGH/MAF t(14;16)
☐	8040	BCL2 (18q21.3)	☐	8129	D20S108 /20q tel	☐	8341	IGH/MALT1 t(14;18)
☐	8050	BCL6 (3q27)	☐	8022	5p15/15q22	☐	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)	☐	8218	FGFR1 (8p21)	☐		MLLT1 (19p13.3)
☐	8075	CBFB/MYH11 inv(16)/t(16;16)	☐	8182	EGR1 (5q31.1)/5q33/5p15.2	☐	8503	MLL (11q23.3)
☐	8115	CCND1 (11q13)	☐	8794	ETV6/RUNX1 t(12;21) (aka TEL/AML1)	☐	8098	MYC (8q24)
☐	8615	CDKN2A (9p21)/CEN9	☐	8795	ETV6 (12p13)	☐	8670	MYB (6q23)/6q21/CEN6
☐	8021	CEPN4/CEN10/CEN17	☐		IGK (2p11.2)	☐	8580	N-MYC (2p24)
☐		CEP3	☐		IGL (22q11.2)	☐	8625	PDGFRB (5q33.1)
☐	8087	CEP8	☐	7359	IGH (14q32)	☐	8636	PML/RARA t(15;17)
☐	8091	CEP12	☐	7360	IGH/BCL2 t(14;18)	☐	8020	RUNX1/RUNX1T1 (aka AML/ETO) t(8;21)
☐	8080	CEP X/CEP Y	☐	7090	IGH/CCND1 t(11;14)	☐	8175	TCF3 (19p13.3) (E2A)
☐	8090	CHIC2 (4q11)	☐		IGH/CCND3 t(6;14)	☐	8618	TP53 (17p13)/CEP17

	Code	Test Name		Code	Test Name
☐		AFF1 (4q21.3)	☐		MECOM/RPN1 inv(3)
☐		BCL3 (19q13.3)	☐		MLLT3/MLL t(9;11)
☐		BCL10 (1p22.3)	☐		MYC/CEP8
☐		CKS1B (1q21)/CDKN2C(1p32)	☐		NUP98 (11p15.4)
☐		DEK/NUP214 inv(3)	☐		RARA (17q12-21)
☐		EVI1 (3q26)	☐	8692	RB1/D13S319/LAMP1
☐		FOXP1 (3p13)	☐		RUNX1 (21q22.1)
☐		IGH/MAFB t(14;20)	☐		TCL1 (14q32)
☐		JAK2 (9p24)	☐		

FISH Panels

	Code	Panels	Panels	
☐	7010	B-ALL Panel *Reflex testing may include MLLT3/MLL, AFF1, and/or MLLT1 when relevant.	ETV6/RUNX1 BCR/ABL + ASS MLL CEP4/CEP10/CEP17 E2A IGH CDKN2A (p16) / CEP9	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	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, 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 MECOM/RPN1 NUP98	-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
☐	7060	Burkitt Panel	IGH/MYC/CEP8 MYC break apart	t(8;14) 8q24 rearrangement
☐	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/PDGFRA PDGFRB FGFR1 BCR/ABL + ASS D75486/CEP7 CEP8 ETV6 JAK2	CHIC2 deletion (FIP1L1/PDGFRA 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 IHG, IGK, and/or IGL break-apart when relevant.	IGH/MYC IGH/BCL2 MYC BCL6	t(8;14) t(14;18) 8q24 rearrangement 3q27 rearrangement
☐	7210	Fanconi Anemia Panel	1p/1q EGR1/5q33/5p15.2 D7S486/CEP7 CEP8 D20S108/20qtel BCL6 /CEP3 MLL TP53	gain of 1q -5/5q deletion -7/7q deletion +8 -20/20q deletion gain of 3q 11q23 rearrangement TP53 deletion

	Code	Panels	Panels	
☐	7454	Marginal Zone Lymphoma Panel *Reflex testing may include BIRC3/ MALT1, IGH/MALT1, FOXP1, and/or BCL10 when relevant.	BCL6/CEP3 IGH CEP7/CEP18 MALT1	3q27 rearrangement and +3 14q32 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 RBI/D135S319/LAMP1 when relevant.	TP53 MYC (8q24) IGH (14q32) IGH/CCND1 CDKN2C/CKS1B CEP3 5p15/15q22	TP53 deletion 8q24 rearrangement and/or amp 14q32 rearrangement t(11;14) 1p33 deletion/1q21 amp +3 +5,+15 (hyperdiploidy)
☐	7500	MDS Panel	EGR1/5q33/5p15.2 D7S486/CEP7 CEP8 D20S108/20qtel MLL TP53 MECOM/RPN1	-5/5q deletion -7/7q deletion +8 -20/20q deletion 11q23 rearrangement TP53 deletion t(3;3)/inv (3q)

Molecular Panels

	Code	Panel	Tests
☐	4600	Comprehensive Heme Panel	(220 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