



DOCORD

Molecular Diagnostics Laboratory
Department of Pathology and Laboratory Medicine

**HEMATOLOGY/ONCOLOGY GENPATH DIAGNOSTICS
REQUISITION FOR BLOOD OR BONE MARROW**

Instruction:

At the time of scheduling bone marrow procedure, form should be faxed to **BOTH**:
Hematology at (302) 733-3679 AND Interventional Radiology at (302) 733-1816.
Contact the lab at 302-733-3530 with any questions.

TESTING MAY NOT BE PERFORMED IF THE FOLLOWING INFORMATION IS NOT PROVIDED:

Reason for study/diagnosis: _____

Collected by: _____ Collection date: ____/____/____ /time: _____

Specimen source: Bone Marrow Blood Other: _____

Birth sex: Male Female

Additional test information can be found on the GenPath Diagnostics website, using the test codes below:

PCR tests, listed below - lavender tube	FISH/Chromosome tests, listed below – green tube SODIUM HEP
<p>Myeloproliferative Neoplasm/CML: 5858-6 <input type="checkbox"/> BCR-ABL1 Quant J132-2 <input type="checkbox"/> ABL1 Kinase Mutation</p> <p>TL99-6 <input type="checkbox"/> JAK2 NGS – includes tests below TJ43-9 <input type="checkbox"/> JAK2 V617F NGS TJ41-3 <input type="checkbox"/> JAK2 Exon 12 NGS TJ42-1 <input type="checkbox"/> Calreticulin (CALR) NGS TJ40-5 <input type="checkbox"/> MPL Mutation Analysis NGS</p> <p>TL96-2 <input type="checkbox"/> MPN NGS (17 genes)</p> <p>AML/MDS: TL95-4 <input type="checkbox"/> Myeloid Panel NGS (50 genes) – includes genes in MPN, MDS and AML Panels TL98-8 <input type="checkbox"/> MDS Panel NGS (18 genes) TL94-7 <input type="checkbox"/> AML Panel NGS (17 genes) – includes CEBPA, FLT3, and NPM1</p> <p>8860-9 <input type="checkbox"/> CEBPA Mutation TP13-9 <input type="checkbox"/> FLT3 J137-1 <input type="checkbox"/> NPM1</p> <p>5034-4 <input type="checkbox"/> AML M2 (AML/ETO) t(8;21) 5261-3 <input type="checkbox"/> AML M3 (PML/RARA) t(15;17) 5179-7 <input type="checkbox"/> C-KIT D816V</p> <p>ALL: 5858-6 <input type="checkbox"/> BCR-ABL1 Quant</p> <p>Lymphoproliferative Disorders/CLL: TM70-5 <input type="checkbox"/> IgVH Mutation J130-6 <input type="checkbox"/> MYD88 Mutation (Bone marrow only) TN51-3 <input type="checkbox"/> IGH B-Cell Rearrangement TN50-5 <input type="checkbox"/> T-Cell Rearrangement TH55-7 <input type="checkbox"/> CLL NGS (26 genes)</p> <p>Other PCR (be specific): _____</p>	<p>Karyotype: 5250-6 <input type="checkbox"/> Blood <input type="checkbox"/> Bone Marrow</p> <p>Myeloproliferative Neoplasm/CML: 5265-4 <input type="checkbox"/> BCR/ABL1 t(9;22) 5182-1 <input type="checkbox"/> FIP1L1-PDGFR T781-4 <input type="checkbox"/> PDGFRB</p> <p>Multiple Myeloma: 5282-9 <input type="checkbox"/> Multiple Myeloma Panel 13q14, t(11;14) & +11, *Bone Marrow Only* 17p13, t(4;14), 1q21, t(14;16) B545-5 <input type="checkbox"/> Multiple Myeloma, MGUS, SMM IGH/MAFB</p> <p>AML/MDS: P261-1 <input type="checkbox"/> AML Diagnostic t(9;22), 11q23, t(8;21), t(15;17), inv(16) 5260-5 <input type="checkbox"/> AML M3 (PML-RARA) t(15;17) A314-7 <input type="checkbox"/> P53 5281-1 <input type="checkbox"/> MDS Panel +8, -5q, -7q, 20q-</p> <p>ALL: P260-3 <input type="checkbox"/> ALL Prognosis Panel t(9;22), 11q23 – includes FISH BCR/ABL1 5265-4 <input type="checkbox"/> BCR/ABL1 t(9;22)</p> <p>Lymphoproliferative Disorders/CLL: 5280-3 <input type="checkbox"/> CLL Prognostic FISH Panel +12, 13q, 17p, 11q L218-7 <input type="checkbox"/> Lymphoma DLBCL FISH Panel MYC BA, BCL2, BCL6 5026-0 <input type="checkbox"/> Lymphoma Mantle Cell BCL1/IGH (CCND1)</p> <p>Other FISH (be specific): _____</p>

Ordered by:

Ordering Physician Signature/Title _____ Print Name or ID# _____ Date ____/____/____ Time _____