

# Oncology Requisition



Medical Center

CLINICAL LABORATORY SERVICES

**ACCOUNT INFORMATION**

Account name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

2330 Inwood Road, Suite EB2.215 & EB2.216  
 Dallas, Texas 75235  
 CUSTOMER SERVICE: 214-633-5227  
 CLIA #: 45D-0861764  
 CAP #: 2664213

## REQUIRED ORDER INFORMATION

**BILL TO:**  Facility / Client  
 Patient / 3rd party – Billing information must be provided

Patient Name: (Last, First, Middle) \_\_\_\_\_

Mother's Name: (if infant) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Patient ID / MR#: \_\_\_\_\_

Hospital Inpatient Y / N \_\_\_\_\_ Collection Date: \_\_\_\_\_ Collection Time: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

Ordering Physician (Full Name): \_\_\_\_\_ NPI: \_\_\_\_\_

Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ FAX: \_\_\_\_\_

Clinical Indication for Tests Ordered: \_\_\_\_\_

## PATIENT/3RD PARTY BILLING INFORMATION

**ICD-10 Code(s)**

Medicare patients with non-covered diagnoses must sign Advanced Beneficiary Notice (ABN) available at [www.veripathlabs.com](http://www.veripathlabs.com) or by calling customer service at 214-645-7057 or toll free 877-887-8136

Signed ABN included

ICD-10 Codes applicable to each and every test requested should come only from the ordering physician, represent the reason for the test order at the time of order, and be supported by the patient's medical record. Physicians should order only tests that are medically necessary for the diagnosis or treatment of the patient. Tests ordered should be single laboratory tests appropriate for the patient's medical condition. Tests for screening purposes may be ordered, but may not be reimbursed.

Insured/Responsible Party Name: (if different from patient-Last, First, Middle) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient's relationship:  Self  Spouse  Dependent  Other  
 Gender:  Male  Female

Responsible Party Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_ Insurance Co. Phone: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Medicare  HMO  Other  
 Medicaid  PPO

Member ID#: \_\_\_\_\_

Referral Authorization/Pre-certification #: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Name: \_\_\_\_\_

## SPECIMEN INFORMATION

Bone Marrow  Peripheral Blood  
 Bone Marrow Aspirate Smears  Peripheral Blood Smears  
 Bone Marrow Touch Prep  
 Bone Marrow Core Biopsy  Left  Right  
 Urine  CSF  Body Fluid \_\_\_\_\_  
 Tissue: site/type \_\_\_\_\_

Formalin Fixed Paraffin Embedded Tissue (FFPE)  
**Surgical Pathology/Cytology**  
 Case Number: \_\_\_\_\_ Block Number: \_\_\_\_\_  
 Please see page 2 instructions

**TESTS REQUESTED (cont.)**

**Cytogenetics (Sodium Heparin preferred)**  
 Chromosomal Analysis  FISH select all that apply

**FISH**

Aneuploidy of 4/10  E2A: 19p13  MYC BA: 8q24 FFPE  
 Aneuploidy of 8/20q deletion  EGFR: 7p12 FFPE  MYC/IGH t(8;14) FFPE  
 Aneuploidy of 9/15  EGR1: 5q31  MYCN: 2p23-24 FFPE  
 ABL1: 9q34  ETV6/RUNX1: t(12;21)  NUP98: 11p15  
 ABL2: 1q25  EWSR1: 22q12 FFPE  P16: 9p21 FFPE  
 ALK: 2p23 FFPE  FIP1L1/PDGFR: 4q12  P18(CKS1B/CDKN2C): 1p32/1q21  
 ATM/12cen: 11q22/aneu12  FGFR1: 8p11  PDGFR: 4q12  
 BIRC3/MALT1: t(11;18)  FGFR3/IGH: t(4;14)  PDGFR: 5q33.1  
 BCL6: 3q27 FFPE  FOXO1: 13q14 FFPE  PML/RARA: t(15;17)  
 BCR/ABL1: t(9;22)  FUS: 16p11 FFPE  RB1: 13q14  
 CBF: inv(16)  HER2/neu: 17q11.2-12 FFPE  RET: 10q11.2 FFPE  
 CBF/MYH11: 16q22/16p13  IGH BA: 14q32  ROS1: 6q22 FFPE  
 CCND1/IGH: t(11;14)  IGH/BCL2: t(14;18) FFPE  RUNX1T1/RUNX1: t(8;21)  
 C-MET: 7q31.2 FFPE  IGH/MAF: t(14;16)  SS18: 18q11.2 FFPE  
 CRLF2: Xp22/Yp11  IGH/MAFB: t(14;20)  TFE-3: Xp11.2 FFPE  
 D13S319(DLEU): 13q14/13q34  MDM2: 12q15 FFPE  TFE-B: 6p21 FFPE  
 Deletion/monosomy 5  MECOM: 3q26  TP53: 17p13.1  
 Deletion/mosomony 7  MLL (KMT2A): 11q23  UroVysion  
 DDIT3: 12q13 FFPE  MYB: 6q23.3  Other FISH  
 Specify: \_\_\_\_\_

## CLINICAL INFORMATION

**Infection:**  HIV  Hepatitis  Other \_\_\_\_\_

**History:**  Lymphadenopathy  Mediastinal Mass  Splenomegaly

**Therapy:**  Chemotherapy  Growth Factor  
 Immunotherapy \_\_\_\_\_  Other \_\_\_\_\_

**Status:**  Initial  Relapse  Remission  Post Transplant  
 Other \_\_\_\_\_

## TESTS REQUESTED

**Morphology**  
 Bone Marrow Morphology exam  Peripheral Blood exam  
 Attach Current CBC Report

**Flow Cytometry (ACD preferred)**  
 Leukemia/Lymphoma Immunophenotyping  
 Leukemia/Lymphoma Immunophenotyping MRD  
 Select Type:  CLL(0.001%)  AML(0.01%)  BLL(0.01%)  TLL(0.01%)  
 PNH (Paroxysmal Nocturnal Hemoglobinuria)  
 Leukemia/Lymphoma Immunophenotyping CART 19/Immunotherapy f/u  
 BAL (Bronchoalveolar Lavage) CD4:CD8  
 Leukemia/Lymphoma CSF (Cerebrospinal Fluid)  
 Leukemia/Lymphoma FLUID (Other Fluid, not CSF)  
 Process and hold - Client should call next day with instructions  
 Other Markers: \_\_\_\_\_

**Molecular Diagnostics (EDTA preferred)**

<input type="checkbox"/> IDH1/IDH2	<input type="checkbox"/> MPL
<input type="checkbox"/> NPM1 Qualitative (Initial diagnosis)	<input type="checkbox"/> FLT3
<input type="checkbox"/> NPM1 Quantitative (MRD Monitoring)	<input type="checkbox"/> cKIT (melanoma)
<input type="checkbox"/> EGFR Sequencing	<input type="checkbox"/> TP53
<input type="checkbox"/> EGFR PCR (FDA)	<input type="checkbox"/> 1p/19q LOH (glioma)
<input type="checkbox"/> BRAF	<input type="checkbox"/> MGMT (temozolomide)
<input type="checkbox"/> KRAS	<input type="checkbox"/> B-cell Clonality
<input type="checkbox"/> NRAS	<input type="checkbox"/> T-cell Clonality
<input type="checkbox"/> JAK2 (Non-V617F)	<input type="checkbox"/> MYD88 L265P
<input type="checkbox"/> CALR	<input type="checkbox"/> JAK2 V617F Quantitative
<input type="checkbox"/> KIT D816V Quantitative	

**Mutation Panels**

Colon KRAS, NRAS, and BRAF  
 Melanoma BRAF, KIT, and NRAS  
 Myeloproliferative Neoplasm (MPN) Panel (JAK2, non-V617F, CALR, MPL)

**FISH Panels:**

ALL (Aneuploidy 4/10, BCR/ABL1, KMT2A (MLL), ETV6/RUNX1, CRLF2)  
 High Risk ALL panel (ABL2, aneuploidy 4/10, ABL1, BCR/ABL1, KMT2A(MLL), ETV6/RUNX1, and CRLF2)  
 AML (RUNX1T1/RUNX1, BCR/ABL1, KMT2A (MLL), PML/RARA, CFBF)  
 UTCLL (REL, MYB BA, ATM/aneuploidy 12, CCND1/IGH, D13S319/13q34, IGH BA, TP53)  
 Eosinophilia (PDGFRA, PDGFRB, FGFR1)  
 LUNG (ALK, C-MET, HER2/neu, RET, ROS1)  
 Lymphoma Panel (BCL6, MYC/IGH, MYC BA, IGH/BCL2)  
 MDS Panel (EGR1, monosomy/deletion 7, aneuploidy 8/deletion 20, KMT2A(MLL))  
 UTM Panel (CDKN2C(P18)/CKS1B, FGFR3/IGH, D9Z1/D15Z1, CCND1/IGH, RB1, IGH/MAF, IGH/MAFB, TP53)

**Transplant Analysis**

FISH - X/Y sex chromosomes **Donor Sex:**  Male  Female  
 STR Pre-transplant analysis  STR Post-transplant analysis  
 Donor Name: \_\_\_\_\_ Recipient Name: \_\_\_\_\_  
 Please provide dates of all previous transplants: \_\_\_\_\_

<b>LAB USE ONLY</b>	<b>Transport Container:</b> _____ Yellow _____ Green _____ Purple _____ Syringe _____ Conical _____ Red _____ Blue _____ Cup _____ Trans Tube _____ Block _____ Slides _____ Formalin _____ Other: _____	<b>Total # of specimens:</b> _____	<b>Transport Conditions:</b> <input type="checkbox"/> Frozen <input type="checkbox"/> Slushy <input type="checkbox"/> Refrig <input type="checkbox"/> Room Temp	<b>Destination:</b> <input type="checkbox"/> Other _____ <input type="checkbox"/> Coag <input type="checkbox"/> Cytogen <input type="checkbox"/> Hemepath <input type="checkbox"/> Flow <input type="checkbox"/> Hist <input type="checkbox"/> Mol Dx	<b>Initials:</b> _____
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## Sample Requirement for Unstained Slides from FFPE Tissue

If ordering on non-UT Southwestern/Parkland Pathology material, please include a copy of the Surgical Pathology/Cytopathology report, the block/unstained slides and corresponding H&E slide.

### For UT Patients

Deliver to: Anatomic Pathology Central Receiving  
6201 Harry Hines Blvd, D4.426  
Dallas Texas 75235  
Phone: 214-633-4100  
Fax: 214-633-8854

### For Parkland Patients

Deliver to: 5200 Harry Hines  
Dept. of Pathology, Room D2.625  
Attn: Histology  
Dallas, TX. - 75235  
Phone: 469-419-4478  
Fax Number: 469-419-3027

## Molecular Diagnostics

Test	Slide Requirements
EGFR Mutation	10 slides @ 10u, 1 H&E
KRAS, BRAF and EGFR	10 slides @ 10u, 1 H&E
Colon Panel (KRAS, BRAF, NRAS)	10 slides @ 10u, 1 H&E
Melanoma Panel (BRAF, cKIT, NRAS)	10 slides @ 10u, 1 H&E
KRAS or BRAF or IDH1/2 or MGMT	5 slides @ 10u, 1 H&E
B cell or T cell Clonality	5 slides @ 10u, 1 H&E
TP53	10 slides @ 10u, 1 H&E
1p/19q LOH	3 slides @ 4u, 1 H&E
MYD88 L265P	5 slides @ 10u, 1 H&E

## Cytogenetics

Test	Slide Requirements
ALK: 2p23 by FISH	2 positively charged slides @4u, 1 H&E
BCL6: 3q27 by FISH	2 positively charged slides @3u
C-MET: 7q31.2 by FISH	2 positively charged slides @4u, 1 H&E
CCND1/IGH by FISH	2 positively charged slides @3u
DDIT3: 12q13 by FISH	2 positively charged slides @4u, 1 H&E
EGFR: 7p12 by FISH	2 positively charged slides @4u, 1 H&E
EWSR1: 22q12 by FISH	2 positively charged slides @4u, 1 H&E
FGFR1: 8p12 by FISH	2 positively charged slides @4u, 1 H&E
FOXO1: 13q14 by FISH	2 positively charged slides @4u, 1 H&E
FUS: 16p11.2 by FISH	2 positively charged slides @4u, 1 H&E
MDM2: 12q15	2 positively charged slides @4u, 1 H&E
HER2/neu by FISH	2 positively charged slides @4u, 1 H&E
IGH/BCL2: t(14;18) by FISH	2 positively charged slides @3u
MYC/IGH: t(8;14) by FISH	2 positively charged slides @3u
MYC: 8q24 by FISH	2 positively charged slides @3u
MYCN: 2p23-24	2 positively charged slides @4u, 1 H&E
P16: 9p21	2 positively charged slides @4u, 1 H&E
PDGFRA: 4q12 by FISH	2 positively charged slides @3u
PDGFRB: 5q33.1 by FISH	2 positively charged slides @3u
SS18: 18q11.2 by FISH	2 positively charged slides @4u, 1 H&E
TFE-3: Xp11.2 by FISH	2 positively charged slides @4u, 1 H&E
TFE-B: 6p21 by FISH	2 positively charged slides @4u, 1 H&E