

Oncology Requisition

ACCOUNT INFORMATION

Account name: _____

Address: _____ **City:** _____ **State:** _____

Zip code: _____ **Ph:** _____ **Fax:** _____

2330 Inwood Road, Suite EB3.304
 Dallas, Texas 75235
 LAB PHONE: 214-648-0930
 LAB FAX: 214-648-0940
 CUSTOMER SERVICE: 214-633-5227
 CLIA #: 45D-0861764
 CAP #: 2664213



CLINICAL LABORATORY SERVICES

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: _____

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

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
Flow Cytometry (ACD preferred) Attach Current CBC Report
 Leukemia/Lymphoma Immunophenotyping
 Leukemia/Lymphoma Immunophenotyping MRD
 PNH (Paroxysmal Nocturnal Hemoglobinuria)
 Leukemia/Lymphoma Immunophenotyping CART 19/Immunotherapy f/u
 ALPS (Autoimmune Lymphoproliferative Syndrome)
 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)
 B-cell Clonality PCR FLT3
 T-cell Clonality PCR KRAS
 BRAF LOH 1p/19q
 EGFR NRAS
 ERBB2 PIK3CA
 IDH1/IDH2 T790M resistance EGFR
 ERBB2 CKIT (melanoma)
 IDH1/IDH2 Microsatellite instability by PCR
 TP53
Cancer Panels
 Colon (KRAS, NRAS, and BRAF)
 Lung (EGFR, KRAS, BRAF, PIK3CA, AKT, ERBB2, NRAS, MEK)
 Melanoma (BRAF, KIT, and NRAS)
 50-gene Cancer Mutation Panel by NGS

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 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
 Responsible Party Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____
 Male Female

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/Precertification #: _____ Date/Time: _____
 Name: _____

TESTS REQUESTED (cont.)

Cytogenetics (Sodium Heparin preferred)
 Chromosomal Analysis FISH specify _____
FISH
 ALK: 2p23 HER2/neu **FISH Panels:**
 BIRC3/MALT1: t(11;18) IGH/BCL2: t(14;18) CLL
 BCL6:3q27 IGH/MAF:t(14;16) MM
 BCR/ABL1: t(9;22) IGH/MAFB: t(14;20) MDS
 CBFB: inv(16) MDM2: 12q15 ALL
 CCND1/IGH: t(11;14) MLL (KMT2A): 11q23 AML
 C-MET:7q31.2 MYC/IGH: t(8;14) Lymphoma
 Deletion/monosomy 5 MYCN: 2p23-24
 Deletion/monosomy 7 MYC: 8q24
 DDIT3: 12q13 PDGFRB: 5q33.1
 EGFR: 7p12 PML/RARA: t(15;17)
 ETV6/RUNX1: t(12;21) RB1: 13q14
 EWSR1: 22q12 TFE-3: Xp11.2
 FGFR1: 8p11.2 TFE-B: 6p21
 FIP1L1/PDGFR: 4q12 SS18: 18q11.2
 FGFR3/IGH: t(4;14) TP53: 17p13.1
 FOXO1: 13q14 UroVysion®
 FUS: 16p11.2 Other FISH (please call lab)

Lung Adenocarcinoma Panel (on FFPE Tissue)
 Mutation Analysis (Molecular Diagnostics) EGFR KRas BRAF
 FISH Assay (Cytogenetics)
 ALK ROS1 RET C-MET Her-2
 IHC Assay PTEN

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: _____

LAB USE ONLY	Transport Container:	Total # of specimens: _____	Transport Conditions:	Destination: <input type="checkbox"/> Other _____	Initials:
	<input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Purple <input type="checkbox"/> Syringe <input type="checkbox"/> Conical <input type="checkbox"/> Red <input type="checkbox"/> Blue <input type="checkbox"/> Cup <input type="checkbox"/> Trans Tube <input type="checkbox"/> Block <input type="checkbox"/> Slides <input type="checkbox"/> Formalin <input type="checkbox"/> Other: _____		<input type="checkbox"/> Frozen <input type="checkbox"/> Slushy <input type="checkbox"/> Refrig <input type="checkbox"/> Room Temp	<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	

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
50-Gene Panel	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	5 slides @ 10u, 1 H&E
KRAS and BRAF	5 slides @ 10u, 1 H&E
B cell or T cell Clonality	5 slides @ 10u, 1 H&E
B cell and T cell Clonality	5 slides @ 10u, 1 H&E
TP53	10 slides @ 10 microns
1p/19q LOH	3 slides @ 4u, 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
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
Lung Adenocarcinoma Panel	10 slides @ 10u and 9 positively charged slides @ 4u