



# HEMATOPATHOLOGY PERIPHERAL BLOOD AND BONE MARROW REQUISITION

Laboratory Test Directory <https://www.testmenu.com/Intermountain> Client Services: (801) 507-2110

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<b>Ordering Physician:</b>	<b>Fax Report to (clinic/facility):</b>	<b>Procedure Date:</b>
<b>Coordinator:</b>	<b>Call Prelim Results to (name, cell/pager):</b>	<b>Procedure Location (clinic/facility):</b>
<b>Patient Name:</b>	<b>or Affix Label:</b>	<b>Billing</b> If IP/OP, affix label w/ procedure FIN If nonhospital, provide demographic sheet
<b>Date of Birth:</b> Sex: <input type="checkbox"/> M <input type="checkbox"/> F		
<b>MRN:</b>		

**Clinical History (diagnosis/ICD10):**

AA Failure  B-ALL  T-ALL  AML  APL  CML  MDS  MM  MPN  NHL (\_\_\_\_\_)  Solid tumor (\_\_\_\_\_)

Pretreatment  Assess treatment response (\_\_\_\_\_)  Surveillance  Suspect infection  Suspect relapse/progression

Pre-transplant  Post-transplant ( Auto  Allo  Sex Mismatch D0:\_\_\_\_\_)  Research Protocol (\_\_\_\_\_)

Recent therapy includes  Growth factor ( EPO  G/GMCSF  TPO)  Steroid  Target (CD\_\_\_\_\_)

**Pathology:**

Pathology Review Peripheral Blood Smear (PRPBS)  
Includes CBC/diff if not available.

Bone Marrow Evaluation ( Unilateral  Bilateral  Aspirate only)  
Includes PRPBS. Pathologist may add/modify tests.

Add-on Test(s) Only. Collection date:\_\_\_\_\_ Fax to pathology.

**Molecular** (5 mL PB or 1-3 mL BM, **LavEDTA** unless indicated):

PB BM

DNA Extraction and Storage (DNAEXS)

RNA Extraction and Storage (RNAEXS)

BCR ABL1, Qualitative with Reflex to Quantitative (BCRA)

BCR ABL1 Major (p210) Quantitative (BCRMAJ)

BCR ABL1 Minor (p190) Quantitative (BCRMIN)

BCR-ABL1 Mutation Analysis for TKI Resistance by NGS (BCRNGS)

CBFβ-MYH11 inv(16) by RT-PCR, Quantitative (INV16)

Chimerism Donor (CHIMD)

Chimerism Post Transplant (CHIMP)

Chimerism Post-Transplant, Sorted Cells (CPTSCA). ARUP form also required

Chimerism Recipient Pre-Transplant (CHIMR)

Cytomegalovirus (CMV) by PCR, Qualitative (CMVPCR)

Epstein-Barr Virus (EBV), Qualitative PCR (EBVPCR)

IGHV Mutation Analysis by Sequencing (IGHVMT)

JAK2 Gene, V617F Mutation, Quantitative (JAK2QN)

JAK2 (V617F), Reflex to CALR Exon 9, Reflex to MPL515 (ETPMFR)

JAK2 V617F with Reflex to JAK2 Exon 12 (PVRFLX)

KIT (D816V) Mutation by PCR (KITFMT)

LeukoStrat CDx FLT3 Mutation by PCR (FLT3CD). Requires **NaHep**.

Mantle Cell Lymphoma, bcl-1/JH (11;14), Quantitative (Quest 14991)

Myeloid Malignancies Mutation Panel by NGS (MYENGs)

Myeloid Malignancies Somatic Mutation and CNA Panel (MYECMN)

NPM1 Mutation Detection by RT-PCR, Quantitative (NPM1QN)

Parvovirus B19, by PCR, Bone Marrow (PARPCR)

PML/RARA Translocation, t(15;17) by RT-PCR, Quantitative (PMLAT)

RUNX1-RUNX1T1(AML1-ETO) t(8;21) by RT-PCR, Quantitative (RUNX1)

T-Cell Clonality Screening by PCR (TCCPRR)

**Flow Cytometry** (5 mL PB or 2 mL BM, **NaHep** [preferred] or **LavEDTA**):

PB BM

Flow Cytometry Specimen HOLD (FLOWSP)

B MRD for Childrens Oncology Group by Flow Cytometry (FLOCOG)

Leukemia/Lymphoma Phenotyping by Flow Cytometry (FLOWLL)

T-Cell Clonality by FC Analysis of TCR V-Beta (TCRVBT)

**Cytogenetic** (5 mL PB or 3 mL BM **NaHep** [0.5-1 mL min for ea test]):

PB BM

Cytogenetics Grow, Process and HOLD (CGPPB, CGPBM)

Multiple Myeloma Process and HOLD (MMPHA)

ALL Panel by FISH, Adult (FSHAAL)

ALL Panel by FISH, Pediatric (FISHAP)

AML Panel by FISH (FSHAML)

AML with MDS or Therapy-related AML Panel by FISH (FTAMLM)

BCR ABL by FISH in new B-ALL (BCRFSH)

Chromosome Analysis, Bone Marrow (CRANBM)

Chromosome Analysis, Bone Marrow, Reflex to Microarray (CHRBMR)

Chromosome Analysis, Leukemic Blood (CALB)

Chromosome Analysis, Leukemic Blood, Reflex to Microarray (CHRPBR)

Chromosome FISH, Interphase probe(s):\_\_\_\_\_ (FISHI)

CLL Panel by FISH (FISHCL)

Multiple Myeloma Panel by FISH (MMF)

PML RARa Translocation by FISH (FISHP) ( **STAT**)

PB BM

**Research:** \_\_\_\_\_ mL NaHep, \_\_\_\_\_ mL LavEDTA \_\_\_\_\_ mL shipping media

PB BM

**Other** (lab, test name and code):\_\_\_\_\_

**Microbiology** (1-5 mL BM in sterile/isolator tube):

AFB (AFBCX)  Anaerobic (ANACX)  Fungal (FCX)  Routine (RCX)

**Ordering Physician Signature:**

Procedure/collection Date:_____ Time:_____ Collected by:_____	<b>Affix SQ/PP labels:</b> Standard collection (adult): PB slide(s) and CBC report, or PB LavEDTA. Aspirate (0.5-1 mL) w/ 6-8 asp smears, clot in fixative. Aspirate in NaHep (2 mL and 3 mL); if suspected new AML, extra NaHep. Aspirate in LavEDTA (3 mL). Core (2 cm) with 2-4 touch imprints, then in fixative; if dry tap, extra core(s) in RPMI or saline.
Two patient IDs, procedure and site verified (Initials_____/_____) Slides prepared by:_____	
PB: Slide#_____, CBC report_____, NaHep#_____(____mL), LavEDTA#_____(____mL), or Recent PRPBS Acc#_____	
RPIC: Asp slide#_____, Tch slide#_____, NaHep#_____(____mL), LavEDTA#_____(____mL), Clot(fix)_____, Core:(fix)____mm/(extra)____mm	
LPIC: Asp slide#_____, Tch slide#_____, NaHep#_____(____mL), LavEDTA#_____(____mL), Clot(fix)_____, Core:(fix)____mm/(extra)____mm	

Lab use: Send research samples separately w/ transmittal form.  
 For PCH BM evaluation, order BMASTO and SURGSP.  
 For Central Lab BM evaluation, order PB and micro tests. Send remaining in transport kit to CL and order BMTRK