

<p><b>If hospital (IP/OP) affix patient label with procedure FIN here. (If nonhospital provide demographic sheet.)</b></p> <p>Patient Name: _____</p> <p>DOB: _____</p> <p>Sex: _____</p> <p>MRN: _____</p>	<p><b>Ordering Physician Name/Location:</b> _____</p> <hr/> <p><b>Anticipated Procedure Date:</b> _____</p> <hr/> <p><b>Coordinator/Contact # for order questions:</b> _____</p> <hr/> <p><b>Callback/Fax Requests:</b></p> <p><input type="checkbox"/> Courier ancillary tests <b>STAT</b> (contact on-call pathologist for STAT pathology)</p>
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**Clinical History/Diagnosis:**

Disease category:  AA Failure  B-ALL  T-ALL  AML  B-lymphoid/NHL  T-Lymphoid/NHL  MM  MDS  MPN  Solid tumor

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

Therapy includes: Growth factor in last 2 wks ( EPO  G/GMCSF  TPO)  Steroids in last 2 wks Targeted therapy in last 6 mo. (  CD19  CD20  CD38)

Transplant status:  Pretransplant  Post ( auto  allo  sex mismatch) transplant D0: \_\_\_\_\_

**Pathology**

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

Bone Marrow Evaluation  Unilateral  Bilateral  Aspirate  Biopsy  
Includes PRPBS. Pathologist may add/modify tests.

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

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

B MRD for COG by Flow Cytometry protocols 0932 and 1131 (FLOCOG)

Flow Cytometry Specimen HOLD (FLOWSP)

Leukemia/Lymphoma Phenotyping by Flow Cytometry (FLOWLL)

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

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 (BCRFISH)

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)

Cytogenetics Grow, Process and HOLD (CGPPB, CGPBM)

Multiple Myeloma Panel by FISH (MMF)

Multiple Myeloma Process and HOLD (MMPHA)

PML RARa Translocation by FISH (FISHP)

**Research Protocol:** \_\_\_\_\_ (transmittal form required)  
PB BM

(NaHep \_\_\_\_\_ mL), (LavEDTA \_\_\_\_\_ mL), (shipping media \_\_\_\_\_ mL)

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

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

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

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)

BCR ABL1, Qualitative with Reflex to Quantitative (BCRA)

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

DNA Extraction and Storage (DNAEXS)

ICG100 Myeloid Malignancies Panel (iCentra order)

DNA Extraction and Storage (DNAEXS)

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) **NaHep** (3 mL PB or 1 mL BM)

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

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

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

RNA Extraction and Storage (RNAEXS)

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

T-Cell Clonality Screening by PCR (TCPCRR)

**Molecular Infectious Disease**

Cytomegalovirus (CMV) by PCR, Qualitative (CMVPCR)

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

Parvovirus B19, by PCR, Bone Marrow (PARPCR)

**Molecular Transplant**

Chimerism Donor (CHIMD)

Chimerism Post Transplant (CHIMP)

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

T Cell  B Cell  CD33+  Gran  Mono  CD34+  \_\_\_\_\_

Chimerism Recipient Pre-Transplant (CHIMR)

PB BM

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

<b>Ordering Physician Signature:</b> _____	<b>Date/Time</b> _____
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**Collection Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Collected by:** \_\_\_\_\_ 2 patient IDs, Procedure/site verified (Initials \_\_\_/\_\_\_)

**Collection Clinic/facility:** \_\_\_\_\_ **Slides prepared by:** \_\_\_\_\_ **Lab assisted? Y / N** **Lab provided Jamshidi tray? Y / N**

**PB:** Slide# \_\_\_\_\_, CBC report \_\_\_\_\_, Hep# \_\_\_\_\_ (\_\_\_\_ mL), **EDTA#** \_\_\_\_\_ (\_\_\_\_ mL), or Recent PRPBS Acc# \_\_\_\_\_

**RPIC:** Asp slide# \_\_\_\_\_, Tch slide# \_\_\_\_\_, Hep# \_\_\_\_\_ (\_\_\_\_ mL), **EDTA#** \_\_\_\_\_ (\_\_\_\_ mL), Clot(fix) \_\_\_\_\_, Core:(fix) \_\_\_\_\_mm/(extra) \_\_\_\_\_mm

**LPIC:** Asp slide# \_\_\_\_\_, Tch slide# \_\_\_\_\_, Hep# \_\_\_\_\_ (\_\_\_\_ mL), **EDTA#** \_\_\_\_\_ (\_\_\_\_ mL), Clot(fix) \_\_\_\_\_, Core:(fix) \_\_\_\_\_mm/(extra) \_\_\_\_\_mm

**Standard collection (adult):**  
PB slide(s) and CBC report, or PB **LavEDTA**.  
Aspirate (0.5-1 mL) w/ 6-8 asp smears, clot in fix.  
Aspirates (2) 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 fix;  
if dry tap, extra core(s) in RPMI or saline.

Lab use: Send research orders separately w/ transmittal form. For Central Lab order/send PB/Micro tests, send remaining in transport kit to CL.

Affix lab registration label (Nonhospital)	Affix SQ label(s)	Affix PP label
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