



Jennifer Morrisette, PhD, FACMG, Clinical Director

Fax form to: 215.898.9817
Phone: 215.615.3966 (8:30AM-5:00PM EST)
Send specimen to:
 Hospital of the University of Pennsylvania
 3020 Market Street, Suite 220
 Philadelphia, PA 19104

*** Required Information**

First Submission Repeat Study

PATIENT INFORMATION			
First Name*	Last Name*	Patient Gender*	Reported Ethnicity
		<input type="checkbox"/> M <input type="checkbox"/> F	
DOB*	Medical Record #	Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/>	

SAMPLE INFORMATION	PHYSICIAN INFORMATION	PHYSICIAN TO BE COPIED
Diagnosis* Stage	NAME*	NAME
Date of Collection*	UPHS <input type="checkbox"/> Other <input type="checkbox"/>	UPHS <input type="checkbox"/> Other <input type="checkbox"/>
Specimen Site*	Phone*	Phone
Specimen I.D.	Email	Email
ICD10 Code(s)*	Fax*	Fax
SAMPLE TYPE* *Contact your Pathology Dept. to release	PATHOLOGY INFORMATION (TO RETURN TISSUE BLOCK)	
<input type="checkbox"/> Bone Marrow	Name	Phone
<input type="checkbox"/> Blood in EDTA (purple top)	Hospital/Institution	Email
<input type="checkbox"/> FFPE Block/Slides	Address	Fax
<input type="checkbox"/> FNA/Malignant Effusions		
<input type="checkbox"/> DNA (concentration and volume)		

BILLING INFORMATION		
Check One: <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare-Part B <input type="checkbox"/> Hospital/Institution		<input type="checkbox"/> Self-Pay: credit card info required
Primary Insurance	Group #	Name on credit card
Institution Name	Discharge Date	Card Holder Address
Policy #	Insured DOB	Credit Card #
Insured Name		Exp. Date
Patient relationship to the insured	Note: Include front/back of insurance card and/or face sheet	Security Code
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		

TEST ORDERED (CHECK BOX) *		
NOTE: See PennMedicine.org/CPD for full mutation lists		
<input type="checkbox"/> Hematologic Malignancies Panel (68 genes)	<input type="checkbox"/> Solid Tumor Panel (153 genes)	<input type="checkbox"/> Fusion Transcript Panel (56 genes)
Please attach the following:		<input type="checkbox"/> Lymphoma Panel (40 genes)
<input type="checkbox"/> Copy of recent pathology/cytology reports		
<input type="checkbox"/> Test results from all other Molecular Diagnostics Assays by FISH, IHC or other genetic assays		

Comments

Physician Signature*	Date*
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	Bone Marrow	Leukemic Blood	Isolated Genomic DNA	FFPE Tissue	Tissue or fluid in PreservCyt
Hematologic Malignancies Panel	X	X	X		X
Solid Tumor Panel			X	X	X
Fusion Transcript Panel				X	X
Lymphoma Panel	X	X	X	X	X

NOTE:

- Given the analytical sensitivity of the assay, specimens must contain a minimum of 10% tumor nuclei across the entire tissue
- Submitted specimens must contain a copy of the corresponding pathology report.
- ICD10 Codes referenced on website

Specimen Type: Bone Marrow

Requirements: 2-4 cc drawn in an EDTA (purple-top) tube.

Transport Conditions: Transport at ambient temperature (18-25°C / 64-77°F) in an insulated container. Specimens should arrive in the laboratory within 48 hours of collection. Do not freeze.

Specimen Type: Leukemic Blood

Requirements: 3-5 cc drawn in an EDTA (purple-top) tube. (White blood cell count > 10,000 cells/mL with at least 15% circulating blasts or malignant cells.)

Transport Conditions: Transport at ambient temperature (18-25°C / 64-77°F) in an insulated container. Specimens should arrive in the laboratory within 48 hours of collection. Do not freeze.

Specimen Type: Formalin Fixed, Paraffin Embedded Tissue (FFPE Tissue)

Requirements: When less than 50% tumor nuclei in sample: 10-15 unstained 5 µM FFPE slides containing adequate amounts of tumor to be analyzed. Areas containing tumor must be marked on an adjacent H & E slide. Greater than 50% tumor nuclei in sample: 6 to 9 rolls cut at 10 µM and placed in a 1.5 ml tube. Alternatively, the tissue block can be sent for process and evaluation. All samples must come with a corresponding H&E slide from the top and bottom of the sample. All samples must include a copy of the surgical pathology report. Specimens fixed or processed with alternative fixatives may result in DNA that fails QC and therefore will be rejected.

Transport Conditions: Transport at ambient temperature (18-25°C / 64-77°F) in an insulated container by overnight courier. Do not heat or freeze. Avoid direct exposure to light.

Specimen Type: Isolated Genomic DNA

Requirements: Must be isolated in a certified CLIA laboratory. 20 µL at a minimum of 35 ng/µL determined by a fluorescent based assay (i.e. Qubit, picogreen). All DNA received by the laboratory not meeting our quality control standards will not be tested and an inadequate specimen report will be generated.

Transport Conditions: Transport at ambient temperature (18-25°C / 64-77°F) in an insulated container by overnight courier. Specimen should arrive in the laboratory within 48 hrs of collection.

Specimen Type: Fine Needle Aspirate Rinse Material containing Malignancy (confirmed with on-site evaluation by Penn Medicine cytopathology or final interpretation)

Requirements: PreservCyt vial prepared for potential molecular testing from Cytopathology sent within three weeks of original collection date. (Note, FNA cell blocks if adequate can be utilized longer than 3 weeks).

Transport Conditions: Transport at ambient temperature (18-25°C/64-77°F). Do not freeze. Specimens can only be used within three weeks of original collection date.

Specimen Type: Malignant Effusions, Liquid

Requirements: Minimum of 20 cc PreservCyt vial prepared for potential molecular testing from Cytopathology sent within three weeks of original collection date. (Note, a malignant effusion cell block if adequate can be utilized longer than 3 weeks; follow formalin fixed, paraffin embedded tissue specimen type).

Transport Conditions: Transport at ambient temperature (18-25°C/64-77°F). Do not freeze. Specimens can only be used within three weeks of original collection date.