

NOTE: PLEASE REFER TO THE BACK OF THIS REQUISITION FOR SPECIMEN HANDLING INSTRUCTIONS

MICHIGAN MEDICINE

DEPARTMENT OF PATHOLOGY

Testing / Diagnostic / Screening Requisition - Molecular Diagnostics Laboratory Requisition

- Routine
STAT

ORDER DATE: / / (mm/dd/yyyy)

RESULTS REPORTING LOCATION CODE:

MRN
BIRTHDATE
NAME
CSN

ICD-10 Code/Diagnosis:
Collected by:
Collected Date:
Collection Time:
Ordering Clinician to receive report:
Attending Physician: (if different from above)
UMHS Dr. #:
UMHS Dr. #:

MOLECULAR DIAGNOSTIC LABORATORY

This request to order tests from the Molecular Diagnostics Laboratory certifies to the laboratory that (1) the ordering physician has obtained informed consent from the patient as required by applicable state or federal laws for each test ordered and (2) the ordering physician has authorization from the patient permitting the Molecular Diagnostics Laboratory to report results for each test ordered to the ordering physician.

For general information, call the Laboratory at 936-0565, M - F 8:00 - 4:30

TESTING WILL BE DELAYED OR NOT PERFORMED IF REQUISITION IS NOT COMPLETE!

SPECIMEN TYPE

- BLOOD
BONE MARROW
PARAFFIN BLOCK
TISSUE
OTHER
SOURCE
SOURCE
SOURCE

SURG PATH ID#

PATIENT HISTORY/DIAGNOSIS:

HEMATOLOGY/ONCOLOGY

ACUTE MYELOID LEUKEMIA
GASTROINTESTINAL AND HEPATOBIILIARY
THYROID CANCER
MYELOID NEOPLASMS
CENTRAL NERVOUS SYSTEM TUMORS
BREAST CANCER
LYMPHOMA
LUNG CANCER
MELANOMA
GENITOURINARY CANCER
MISCELLANEOUS

ENDOMETRIAL CANCER

BONE MARROW TRANSPLANT ENGRAFTMENT ASSESSMENT

POLE Mutation
Microsatellite Instability
If MSI-H perform MLH1 Promoter Methylation
Pre-BMT RECIPIENT, Engraftment Analysis
Pre-BMT DONOR, Engraftment Analysis
DONOR FOR: Name: MRN:
Post-BMT Engraftment Analysis (Pre-BMT MUST have been previously performed)
Non-myeloablative transplant?
Fractionation?
Days post-transplant