

MICHIGAN MEDICINE

DEPARTMENT OF PATHOLOGY

Testing / Diagnostic / Screening Requisition -
Molecular Diagnostics Laboratory Requisition

RESULTS
REPORTING
LOCATION
CODE:

MRN
BIRTHDATE
NAME
CSN

- Routine
- STAT

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

ICD-10 Code/Diagnosis:		Ordering Clinician to receive report: <input type="checkbox"/> See label above	UMHS Dr. #: _____
Collected by:			
Collected Date: ____/____/____	Collection Time: ____:____am/pm	Attending Physician: (if different from above)	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 _____
(SOURCE)
- TISSUE _____
(SEND FROZEN) SOURCE
- OTHER _____
SOURCE

SURG PATH ID# _____

PATIENT HISTORY/DIAGNOSIS:

HEMATOLOGY/ONCOLOGY

<p>ACUTE MYELOID LEUKEMIA</p> <ul style="list-style-type: none"> <input type="checkbox"/> Myeloid NGS Panel <input type="checkbox"/> TP53 Mutation in Malignancy <input type="checkbox"/> NPM1 Mutation <input type="checkbox"/> FLT3 Mutation <input type="checkbox"/> CEPBA Mutation <input type="checkbox"/> IDH1 and IDH2 Mutations <input type="checkbox"/> KIT D816V Mutation <input type="checkbox"/> KIT Mutation for AML - Exons 8, 17 <input type="checkbox"/> PML/RARA t(15;17) Translocation, Quantitative <p>MYELOID NEOPLASMS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Myeloid NGS Panel <input type="checkbox"/> TP53 Mutation in Malignancy <input type="checkbox"/> JAK2 V617F Mutation <input type="checkbox"/> JAK2 Exon 12 Mutation <input type="checkbox"/> CALR Mutation <input type="checkbox"/> MPL Mutation <input type="checkbox"/> KIT D816V Mutation <input type="checkbox"/> BCR/ABL1 Analysis, Quantitative <input type="checkbox"/> BCR/ABL1 Kinase Domain Mutation <p>LYMPHOMA</p> <ul style="list-style-type: none"> <input type="checkbox"/> B Cell Clonality (IGH Gene Rearrangement) <input type="checkbox"/> B Cell Clonality (IGK Gene Rearrangement) <input type="checkbox"/> T Cell Clonality (TRG Gene Rearrangement) <input type="checkbox"/> T Cell Clonality (TRB Gene Rearrangement) <input type="checkbox"/> TP53 Mutation in Malignancy <input type="checkbox"/> IGH/BCL2 t(14;18) Translocation (PCR) <input type="checkbox"/> IGH/BCL2 t(14;18) Translocation (FISH) <input type="checkbox"/> BCL6 (3q27) Rearrangement (FISH) <input type="checkbox"/> MYC (8q24) Rearrangement (FISH) <input type="checkbox"/> If MYC is positive, perform: <input type="checkbox"/> IGH/BCL2 (FISH) <input type="checkbox"/> BCL6 (FISH) <input type="checkbox"/> MALT1 (18q21) Rearrangement (FISH) <input type="checkbox"/> MYD88 (L265P) Mutation <input type="checkbox"/> BRAF V600E/V600K Mutations 	<p>GASTROINTESTINAL AND HEPATOBIILIARY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Colorectal Cancer NGS Panel <input type="checkbox"/> KRAS Mutation <input type="checkbox"/> NRAS Mutation <input type="checkbox"/> BRAF V600E/V600K Mutation <input type="checkbox"/> Microsatellite Instability Analysis <input type="checkbox"/> If MSI-H, perform <input type="checkbox"/> BRAF V600E <input type="checkbox"/> MLH1 Promoter Methylation <input type="checkbox"/> MLH1 Promoter Methylation <input type="checkbox"/> Germline MLH1 Promoter Methylation <input type="checkbox"/> UGT1A1 Promoter Genotype <input type="checkbox"/> HER2 (FISH) <input type="checkbox"/> FGFR2 (10q26) Rearrangement by FISH <input type="checkbox"/> Biliary Tract Malignancy (FISH) <input type="checkbox"/> KIT Mutation - Exons 9,11,13,17 <input type="checkbox"/> If KIT is negative, perform: <input type="checkbox"/> PDGFRFA <input type="checkbox"/> BRAF V600E <input type="checkbox"/> PDGFRFA Mutation for GIST <p>CENTRAL NERVOUS SYSTEM TUMORS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cancer Cytogenomic Array-FPPE Tissue <input type="checkbox"/> Solid Tumor NGS Panel <input type="checkbox"/> IDH1 and IDH2 Mutations for Glioma <input type="checkbox"/> 1p/19q Deletion (FISH) <input type="checkbox"/> BRAF (7q34) Rearrangement (FISH) <input type="checkbox"/> BRAF V600E/V600K Mutations <input type="checkbox"/> MGMT Promoter Methylation <input type="checkbox"/> TERT Promoter Mutation <p>LUNG CANCER</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lung Cancer NGS Panel <input type="checkbox"/> EGFR Mutation <input type="checkbox"/> BRAF V600E/V600K Mutations <input type="checkbox"/> KRAS Mutation <input type="checkbox"/> ALK Rearrangement for NSCLC (FISH) <input type="checkbox"/> ROS1 (6q22) Rearrangement (FISH) <input type="checkbox"/> RET (10q11) Rearrangement (FISH) <input type="checkbox"/> MET Amplification by FISH <input type="checkbox"/> Mesothelioma FISH <p>MELANOMA</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cancer Cytogenomic Array-FPPE Tissue <input type="checkbox"/> Melanoma NGS Panel <input type="checkbox"/> BRAF V600E/V600K Mutations <input type="checkbox"/> KIT Mutation for Melanoma - Exons 11,13,17 <input type="checkbox"/> NRAS Mutation <input type="checkbox"/> BRAF (7q34) Rearrangement (FISH) <input type="checkbox"/> TERT Promoter Mutation 	<p>THYROID CANCER</p> <ul style="list-style-type: none"> <input type="checkbox"/> Solid Tumor NGS Panel <input type="checkbox"/> BRAF V600E/V600K Mutation <input type="checkbox"/> BRAF (7q34) Rearrangement (FISH) <input type="checkbox"/> TERT Promoter Mutation <input type="checkbox"/> RET Mutation <p>SARCOMA</p> <ul style="list-style-type: none"> <input type="checkbox"/> SYT/SSX Translocation (PCR) <input type="checkbox"/> PAX/FOXO1 Translocation (PCR) <input type="checkbox"/> EWSR1/WT1 Translocation (PCR) <input type="checkbox"/> EWSR1/ATF1 Translocation (PCR) <input type="checkbox"/> EWSR1/FLI1 & EWSR1/ERG Translocation (PCR) <input type="checkbox"/> EWSR1 (22q12) Rearrangement (FISH) <input type="checkbox"/> MDM2 Amplification (FISH) <input type="checkbox"/> CIC (19q13) Rearrangement (FISH) <input type="checkbox"/> PDGFB (22q13) Rearrangement (FISH) <input type="checkbox"/> NR4A3 (9q22-9q31) Rearrangement by (FISH) <input type="checkbox"/> DDIT3 (12q13) Rearrangement (FISH) <p>BREAST CANCER</p> <ul style="list-style-type: none"> <input type="checkbox"/> Solid Tumor NGS Panel <input type="checkbox"/> HER2 (FISH) <input type="checkbox"/> PIK3CA Mutation <p>GENITOURINARY CANCER</p> <ul style="list-style-type: none"> <input type="checkbox"/> i(12p) assessment by Cancer Cytogenomic Array-FPPE Tissue <input type="checkbox"/> TFE3-FISH (Cytogenetics) <input type="checkbox"/> TFEB-FISH (Cytogenetics) <input type="checkbox"/> ERG-FISH (Cytogenetics) <input type="checkbox"/> Solid Tumor NGS Panel <input type="checkbox"/> FGFR Translocation/Mutation <input type="checkbox"/> TERT Promoter Mutation <input type="checkbox"/> UroVysionTM (FISH) <p>MISCELLANEOUS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cancer Cytogenomic Array-FPPE Tissue <input type="checkbox"/> Solid Tumor NGS Panel <input type="checkbox"/> HER2 (FISH) <input type="checkbox"/> Mesothelioma FISH <input type="checkbox"/> Microsatellite Instability <input type="checkbox"/> If MSI-H perform MLH1 Promoter Methylation <input type="checkbox"/> MLH1 Promoter Methylation <input type="checkbox"/> Germline MLH1 Promoter Methylation <input type="checkbox"/> Specimen Identity (discuss with Taulbee/Kunju/Pantanowitz)
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ENDOMETRIAL CANCER

- POLE Mutation S,T
- Microsatellite Instability S,T
- If MSI-H perform MLH1 Promoter Methylation
MLH1 Promoter Methylation S,T

BONE MARROW TRANSPLANT ENGRAFTMENT ASSESSMENT

- Pre-BMT **RECIPIENT**, Engraftment Analysis L
 - Pre-BMT **DONOR**, Engraftment Analysis L
 - DONOR FOR: Name:** _____ **MRN:** _____
 - Post-BMT Engraftment Analysis (Pre-BMT **MUST** have been previously performed) L
- Non-myeloablative transplant?** Yes No
Fractionation? Yes No
Days post-transplant _____

21-10052

VER: B/22
HIM: 2/22

LABORATORY



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