

(To Be Completed by MGP Staff)					
Received Date		Accession #			
<b>Hematological Malignancies Test Requisition</b>					
PATIENT IDENTIFICATION			*Attach patient insurance card		
Last Name		First Name		M.I.	SSN/MRN
Birthdate	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Diagnosis	ICD-10 Code(s)		Surgical Path/Cytology #
<b>CLIENT INFORMATION</b>					
Your Name/Designation ( <i>*required</i> )			Requesting Institution/ Physician		
Requesting Physician Address					
Phone Number			Fax Number		
<b>BILLING INFORMATION</b>					
Person/Institution Responsible for Payment					
Billing Address					
Phone Number			Fax Number		
<b>SPECIMEN INFORMATION</b>					
Collection Date:			Collection Time:		
<input type="checkbox"/> Peripheral Blood		<i>*Bone marrow within 48 hours?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Bone Marrow (BMA)	<input type="checkbox"/> Tissue; Source _____
<input type="checkbox"/> Comprehensive Hematopathology Molecular Analysis as per Pathologist (based on BM evaluation) - <b>BMA only</b>					
<input type="checkbox"/> Storage: DNA and/or RNA isolation and storage					
<b>Myeloid Neoplasms</b> ( <i>Bone Marrow Aspirate preferred</i> ) - <b>NOT MRD</b>			<b>Lymphoid Neoplasms</b> - <b>NOT MRD/ Not Post therapy</b>		
<input type="checkbox"/> GenPath OnkoSight Advanced NGS Myeloid Panel (send out)			<input type="checkbox"/> TP53 NGS (mutations and copy number alterations)		
<input type="checkbox"/> FLT3 Analysis includes internal tandem duplication with allelic ratio and 835/836 codon analysis, PCR			<input type="checkbox"/> B-Cell Clonality Analysis (IgH and IgK gene rearrangement, PCR)		
			<input type="checkbox"/> T-Cell Clonality Analysis (Beta and Gamma Chain gene rearrangement, PCR)		
<b>Single Gene Testing</b> - <b>NOT MRD, included on Myeloid NGS</b>			<b>Minimal Residual Disease (MRD)</b>		
<input type="checkbox"/> CALR (Calreticulin) Mutation Analysis exon 9, Sanger Sequencing			<input type="checkbox"/> t(9;22) BCR-ABL1 Quantitative RT-PCR Major (M) Breakpoint		
<input type="checkbox"/> JAK2 V617F Mutation Testing myeloproliferative disorders, PCR			<input type="checkbox"/> t(9;22) BCR-ABL1 Quantitative RT-PCR Minor (m) Breakpoint		
<input type="checkbox"/> Other (please specify): _____			<input type="checkbox"/> NPM1, Quantitative testing (Types A, B and D)		

## ***Specimen Instructions and Shipping Instructions***

### **Paraffin embedded tissue sections**

- ◆ Tissue should be fixed in formalin and not exposed to decalcification solution. The paraffin block should contain no less than 3 mm area of tumor.
- ◆ Slides should be prepared by histology using a specific protocol for cutting molecular sections to avoid contamination of the tissue sections (available upon request).
- ◆ 1 H&E and 6 unstained sections are required for most of the tests. Ten unstained sections or more are required for some tests or if the tissue is small. Please call the lab if you have questions.
- ◆ Inclusion of normal patient tissue (either adjacent to tumor in the same block or separate block) is optimal for LOH and MSI analyses.
- ◆ Slides should be properly labeled with a block label that matches the surgical pathology specimen number on the surgical pathology report.
- ◆ Slides should be sent ambient temperature in proper storage containers (plastic slide boxes) to protect them during shipment.
- ◆ A surgical pathology and/or cytology report and completed requisition for must accompany all specimens.

### **Frozen or fresh tissue**

- ◆ A minimum of 2 x 2 x 2 mm of frozen tissue is required; however, 5 x 5 x 5 mm is optimal.
- ◆ Collection date and time should be stated.
- ◆ Tissue specimen containing at least 50% of tumor cells can be either placed into cryogenic tube and snap frozen in liquid nitrogen or placed into a tube with preservative solution provided by the Molecular & Genomic Pathology laboratory (request solution from the lab) and frozen at -20°C.
- ◆ Ship overnight on dry ice. A surgical pathology and/or cytology report and completed requisition for must accompany all specimens.

### **Fresh Fine Needle Aspiration (FNA) samples**

- ◆ Fresh specimens should be collected into preservative solution provided by the Molecular & Genomic Pathology laboratory (request solution from the lab). Collection instruction will be provided with the solution.
- ◆ Collection date and time should be stated.
- ◆ Specimen can be refrigerated at 4°C for 12 hours or stored at -20°C prior to shipment.
- ◆ Ship at room temperature when using “next business morning” delivery or with ice packs by overnight delivery. A surgical pathology and/or cytology report and completed requisition for must accompany all specimens.

### **Fixed Fine Needle Aspiration (FNA) samples**

- ◆ 1 H&E and 10 unstained sections from cell block are required. A minimum of 300 tumor cells should be present on a slide. Please call the lab if you have any questions.
- ◆ Slides should be properly labeled with a number that matches the specimen number on the cytology report.
- ◆ Slides should be sent in proper storage containers (plastic slide boxes) to protect them during shipment. A surgical pathology and/or cytology report and completed requisition for must accompany all specimens.

### **Peripheral blood and bone marrow**

- ◆ 2-5 ml of fresh peripheral blood collected in EDTA (purple top) tube or ACD (yellow top) tube.
- ◆ Blood should be refrigerated until shipment at 4°C.
- ◆ Shipment is at ambient temperature by overnight delivery in a properly labeled shipping container for biohazard substances. A surgical pathology and/or cytology report and completed requisition for must accompany all specimens.