

DiaNexus Medical Laboratories

555 Heritage Dr, STE 114 Jupiter, FL, 33458 (561) 325-8809

Hematopathology Requisition

CLIENT IDENTIFICATION	PATIENT IDENTIFIC	ATION					
CLIENT IDENTIFICATION				First Name	8.40 d d l = 1 m i si = 1.		
	Last Name:			First Name:	Middle Initial:		
	Gender: M	F DOB:		Age: MRN:			
	Ordering Physician:			Treating Physician:			
	INSURANCE / BILLI	NG INFORMATION - RE	QUIRED: Please	include face sheet and front/back of patien	t's insurance card.		
	Hospital status wher	n specimen collected (mu	st choose one):	Hospital Inpatient Hospital Out	patient Non-Hospital Outreach / Clinic Patient		
	Bill to: Client		Patient/Se		ance (PC)		
	Bill cha	arges to other hospital/fac	cility:	Account No	ime & C-Number		
SDECIMEN INFORMATION (Towns	Prior Authorization N	<u> </u>					
SPECIMEN INFORMATION (Two uni Specimen ID:		Block ID:		Collection Date:	ime: Date of Discharge:		
	la-Heparin	EDTA		Collection Date: T	Date of Discharge.		
· 	· —	•	Oul	Body Site:			
	Ia-Heparin		Other -	Formalin Fixed: Yes No	Other Fivation		
Smears A	ir-Dried	Fixed	Stained -	roffilalifi Fixeu. Tes No	Other Fixation:		
Slides St	tained	Unstained	Touch Preps				
Tissue FNA Body Fl	luid (specify type):						
CLINICAL INFORMATION	PLEASE PROVIDE CBC			New Diagnosis Relapse	Remission		
IDC-10 Code(s):				Abnormal Previous Cytogenetics / FIS	H (Provide Report) Bone Marrow Transplant		
(ICD-10 information is required)							
Physician Notice: Only tests or diagnosti				THERAPY Current	Therapy Prior (>1 month ago)		
ICD-10 information must be provided in the specified area above. Payers, including Medicare and Medicaid, generally do not pay for screening tests. ABN is required for Medicare patients if ICD-10 codes provided do not			Anti-CD19 Therapy Anti-CD20 Therapy Anti-CD30 Therapy				
support reasoning for testing.				Anti-CD38 Therapy Erythrop	ooietin Therapy G-CSF Therapy		
LABORATORY TESTS REQUESTED (Test Options	(Specimen requireme	ents on back)					
rest Options				FLOW CYTOMETRY	HOLD		
				Global	Global		
				Global Leukemia / Lymphoma	Global PNH (blood only)		
Reflex as medically necessary (co				Leukemia / Lymphoma CLL Prognostic: CD49d/CD200	PNH (blood only)		
Reflex as medically necessary (confor complete probe/panel list)		HC or PCR - see reverse		Leukemia / Lymphoma	PNH (blood only)		
Reflex as medically necessary (confor complete probe/panel list) CYTOGENETICS	uld include FISH, Cyto, II	HC or PCR - see reverse CUL	TURE & HOLD	Leukemia / Lymphoma CLL Prognostic: CD49d/CD200	PNH (blood only)		
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Phone Number for STAT Cases:

Authorized Signature:

PLEASE CALL DIANEXUS CLIENT SERVICES AT (561) 325-8809 TO INQUIRE ABOUT TESTS NOT LISTED BELOW

FISH PANELS WITH REFLEX CONDITIONS. (FOR TECH-ONLY SERVICES, REFLEX OPTIONS MUST BE INITIATED BY SIGNING PATHOLOGIST)

AML - Panel 1 - [t(15:17)/PML-RARA]

*IF NEGATIVE, REFLEX TO: t(8;21)/RUNX1T1-RUNX1, inv16/CBFB-Break apart, KMT2A(MLL)-Break apart

*IF gain of RARA, REFLEX TO: RARA-Break apart

AML - Panel 2 - [5q/EGR1, 7q/CEP7, CEP8, 20q, RB1-LAMP1, KMT2A(MLL)-Break apart, t(9;22)/BCR-ABL1]
AML - Panel 3 - [5q/EGR1, 7q/CEP7, KMT2A(MLL)-Break apart, t(8;21)/RUNX1T1-RUNX1, inv16/CBFB-Break apart, t(9;22)/BCR-ABL1]

*IF NEGATIVE, REFLEX TO: RB1-LAMP1, 20q, CEP8

AML - Panel 4 - [t(8;21)/RUNX1T1-RUNX1, inv16/CBFB-Break apart, KMT2A(MLL)-Break apart] - global

AML with monocytic differentiation - [inv16/CBFB-Break apart, KMT2A(MLL)-Break apart] - global

B – ALL- [t(9;22)/BCR-ABL1, KMT2A(MLL)-Breakapart, t(12;21)/ETV6-RUNX1, CRLF2-Breakapart, CEP4/CEP10/CEP17]- global

*IF NEGATIVE, REFLEX TO: [9p21/CDKN2A-CEP9, IGH- Breakapart , MYC-Breakapart]- global

*IF gain of ETV6, REFLEX TO: [ETV6-Breakapart] - global Burkitt Only - [t(8;14)/IGH-MYC, MYC-Break apart]

*IF GAIN of IGH, REFLEX: [t(14;18)/IGH-BCL2, BCL6-Break apart, BCL2-Break apart]

*IF clinically indicated for MCL, REFLEX: [t(6:14)/CCND3-IGH, t(11;14)/CCND1-IGH, CCND1-Break apart, CCND2-Break apart]

CLL/SLL + Mantle cell - [CLL1/(ATM/TP53), CLL2/(13g14,3/LAMP1/CEP12), IGH-Break apart, MYB-CEP6, RB1-LAMP1, t(11:14)/CCND1-IGH]

*IF IGH Rearranged, REFLEX: t(14;18)/IGH-BCL2

*IF unresolved question of MCL, REFLEX: [t(6:14)/CCND3-IGH, CCND1-Break apart, CCND2-Break apart]

CLL/SLL - [CLL1/(ATM/TP53), CLL2/(13q14.3/LAMP1/CEP12),IGH-Break apart, MYB-CEP6, RB1-LAMP1]

*IF IGH Rearranged, REFLEX: [t(11;14)/CCND1-IGH] and/or [t(6:14)/CCND3-IGH, t(14;18)/IGH-BCL2,CCND2-Break apart] if indicated

CML - [t(9;22)/BCR-ABL1]

*IF POSITIVE, REFLEX: (BCR-ABL1(p210/p190) by RT-PCR

Eosinophilia - [PDGFRA-Break apart, PDGFRB-Break apart, FGFR1-Break apart], JAK2-Break apart

Follicular Center Lymphoma - [t(14:18)/IGH-BCL2, BCL6-Break apart, BCL2-Break apart]

*IF GAIN IGH, REFLEX: [t(8;14)/IGH-MYC, MYC-Break apart]

*IF question of MCL by Flow, REFLEX: [t(6:14)/CCND3-IGH, t(11;14)/CCND1-IGH, CCND1-Break apart, CCND2-Break apart]

HGBL/Triple Hit - [t(8;14)/IGH-MYC, MYC-Break apart, t(14;18)/IGH-BCL2, BCL6-Break apart, BCL2-Break apart]
*IF clinically indicated for MCL, REFLEX: [t(6:14)/CCND3-IGH, t(11;14)/CCND1-IGH, CCND1-Break apart, CCND2-Break apart)

LPL/Waldenstrom [MYB-CEP6, IGH-Break apart]

MALT Only - [MALT1-Break apart, BCL6-Break apart,t(11;18)/BIRC3-MALT1]
*IF MALT1 rearranged, REFLEX TO: [t(14;18)/IGH-MALT1]

Marginal Zone - [7q/CEP7, CEP12, BCL6-Break apart, MALT1-Break apart, IGH-Break apart, TP53/CEP17]

*IF MALT1-Break apart rearranged, REFLEX TO: [t(11;18)/BIRC3-MALT1, t(14;18)/IGH-MALT1]
*IF IGH-Break apart rearranged, REFLEX TO: [t(11;14)/CCND1-IGH, CCND1-Break apart, t(14;18)/IGH-BCL2]

*IF unresolved question of MCL, REFLEX: [t(6:14)/CCND3-IGH, CCND2-Break apart]

Mantle Cell - [t(11;14)/CCND1-IGH, CCND1-Break apart]

Wantle Cell - [[[1]]-1]-(CND1-16H, CCND1-16H, CCND2-Break apart]

Mantle cell, Reflex CLL/SLL - [[[1]]-(CND1-Break apart])

*IF NEGATIVE, REFLEX TO: [CLL/SLL Panel]

*IF Negative and clinically indicated, REFLEX: [t(6:14)/CCND3-IGH, CCND2-Break apart]

MDS - [5q/EGR1, 7q/CEP7, CEP8, 20q, RB1-LAMP1, KMT2A(MLL)-Break apart, TP53/CEP17] MPN - [t(9:22)/BCR-ABL1, 5a/EGR1, 7a/CEP7, CEP8, 9p21/CDKN2A-CEP9, 20a, RB1-LAMP1]

MPN/Eosinophilia - [t(9;22)/BCR-ABL1, 4q12/PDGFRA-Break apart, PDGFRB-Break apart, FGFR1-Break apart], JAK2-Break apart

Myeloma/PCD Panel - [1p/1q, RB1-LAMP1, IGH-Break apart, TP53/CEP17, t(11;14)/CCND1-IGH, CEP9/CEP11]

*IF IGH is rearranged, but Negative for t(11:14)/CCND1-IGH; REFLEX TO: [t(4:14)/FGFR3-IGH, t(6:14)/CCND3-IGH, t(14:16)/IGH-MAF, t(14:20)/IGH-MAFB]

*IF GAIN of CCND1, without GAIN of CEP11, REFLEX: [CCND1-Break apart]

PML-RARA [t(15;17)]

T-ALL - [t(9;22)/BCR-ABL1, (9p21)/CDKN2A-CEP9, KMT2A(MLL)-Break apart] *IF NEGATIVE, REFLEX TO: [1p33, t(5;14), t(10;11), 7q/CEP734, 14q11.2]

T-PLL [TCL1 for inversion 14 and t(14;14); TRA for t(X;14)]

HEMATOLOGY	PROFILE AND LIQ	JID BIOPSY GENE	S TESTED FOR A	BNORMALITIES								
ABL1	BCL2	CBL	CDKN2C	DICER1	FAS	IDH2	KMT2A	MPL	PAX5	PTCH1	SMAD2	TGFBR2
AKT1	BCL2L1	CBLB	CEBPA	DNMT3A	FBXW7	IGF1R	KMT2B	MRE11A	PBRM1	PTEN	SMAD4	TP53
AKT2	BCL6	CBLC	CHEK1	EP300	FLT3	IKZF1	KMT2C	MTOR	PDGFRA	PTPN11	SMARCA4	TSC1
AKT3	BCOR	CCND1	CHEK2	ERG	GATA1	IKZF3	KMT2D	MUTYH	PDGFRB	RAD21	SMARCB1	TSC2
ALK	BCORL1	CCND3	CIC	ETV6	GATA2	IRF4	KRAS	MYC	PHF6	RAD50	SMC1A	TSHR
AMER1	BCR	CD274	CREBBP	EZH2	GATA3	JAK1	MAP2K1	MYD88	PIK3CA	RAD51	SMO	WT1
APC	BIRC3	CD79A	CRLF2	FAM175A	GEN1	JAK2	MAP2K2	NFKBIA	PIK3R1	RB1	SOCS1	ZNF217
ARID1A	BLM	CD79B	CSF1R	FAM46C	GNAQ	JAK3	MAP2K4	NOTCH1	PIK3R2	RHOA	SRC	ZRSR2
ARID1B	BRAF	CDH1	CSF3R	FANCA	GNAS	KAT6A	MAP3K1	NOTCH2	PIM1	RNF43	SRSF2	MEF2B
ARID2	BRCA1	CDK12	CTNNA1	FANCC	H3F3A	KDM5C	MAP3K14	NOTCH3	PLCG1	RUNX1	STAG2	
ASXL1	BRCA2	CDK4	CTNNB1	FANCD2	HNF1A	KDM6A	MAPK1	NPM1	POLD1	SDHB	STAT3	
MTA	BTK	CDK6	CUX1	FANCE	HOXB13	KDR	MCL1	NRAS	POLE	SETBP1	STK11	
ATRX	CALR	CDKN2A	CXCR4	FANCF	HSP90AA1	KEAP1	MDM2	NSD1	PPM1D	SETD2	TERT	
B2M	CARD11	CDKN2B	DDR2	FANCG	IDH1	KIT	MDM4	PALB2	PPP2R1A	SE3B1	TFT2	

*CONSULTATION	*CONSULTATION LEVELS					
CPT Code 88321	Consultation and report on slides NOT prepared by DiaNexus Laboratories					
CPT Code 88323	Consultation and report on slides prepared by CSI Laboratories (includes review of pathology report only; no other additional medical records review)					
CPT Code 88325	consultation and report on slides prepared by DiaNexus Laboratories, including complete medical records review (complete medical records include but are not limited to pathology reports, surgical notes, radiology					

SPECIMEN REQU	IDEMENTS	SHIP SPECIMENS WITH COLD PACK			
SPECIIVIEN REQU	Peripheral Blood	3 mL in sodium heparin (green top) - preferred or 3 mL in EDTA (purple top)			
Flow Cytometry	Bone Marrow Aspirate	1-2 mL in sodium heparin (green top) - preferred or 1-2 mL in EDTA (purple top)			
	FreshTissue	Multiple 2-3 mm pieces of tissue in RPMI transport media (optimum RPMI to tissue ratio is 15:1; multiple vials are acceptable)			
	Body Fluids	Mix 1:1 in RPMI transport media			
	PNH Profile	3 mL peripheral blood in EDTA (purple top) preferred, should be processed within 24 hours of collection			
Cytogenetics	Peripheral Blood	5 mL in sodium heparin (green top)			
	Bone Marrow Aspirate	2-3 mL in sodium heparin (green top)			
	Cord Blood	2-5 mL in sodium heparin (green top)			
	Fresh Tissue	Multiple 2-3 mm pieces of tissue in RPMI transport media (optimum RPMI to tissue ratio is 15:1; multiple vials are acceptable)			
FISH	Peripheral Blood	3 mL in sodium heparin (green top)- preferred or 3 mL in EDTA (purple top)			
	Bone Marrow Aspirate	2-3 mL in sodium heparin (green top)- preferred or 3 mL in EDTA (purple top)			
	Fresh Tissue	Multiple 2-3 mm pieces of tissue in RPMI transport media (optimum RPMI to tissue ratio is 15:1; multiple vials are acceptable)			
	Formalin-Fixed Paraffin- Embedded Tissue	Minimum 0.2 x 0.2 x 0.2 cm tissue; non-decalcified tissue only (FISH only)			
Molecular	Peripheral Blood	5-10 mL EDTA tube (purple top)- preferred; ACD (yellow top) acceptable			
	Bone Marrow	1-2 mL in EDTA tube (purple top) - preferred; ACD (yellow top) acceptable			
	Fresh Tissue	Minimum of 250 mg tissue in RPMI transport media			
	Formalin-Fixed Paraffin- Embedded Tissue	1 H&E slide and 6-8 unstained slides, 5-7 microns of BM clot or tissue fixed with 10% NBF fixative. Please circle tumor for microdissection. Alternatively, the FFPE block of the BM clot can be sent for sectioning in our lab.			
IHC	1 H&E slide with its corresponding paraffin block (10% neutral buffered formalin) - preferred				