Indiana University Health
IU Health System Pathology Laboratories
350 W. 11th Street, Room 5013 Indianapolis, IN 46202-4108
317.491.6000 or 800.433.0740
Fax: 317.491.6001

1) Patient Legal Name (Last, First MI)		DOB	2) **COPATH #**	Date/Time of Collection
Patient Social Security #	Race	MR#/Alternate Pt ID		Phone Results To:
Patient Address		Phone		Fax Results To:
City, State, Zip		M F	4) **BILL PATIENT/INSURANCE COMPANY** ATTACH A COPY OF FACE SHEET AND INSURANCE CARD - ALL required (highlighted) fields must be complete to bill patient's insurance company. Specimen will be registered as patient self-pay and bill will be the responsibility of the patient if required information is not provided.	
3) Physicians Signature		Print Physicians Name (F, MI, L)		
Client (Clinic/Physician) Information				

Bone Marrow Requisition

Specimen Type

❒ BM Biopsy* _____*CM* ❒ BM Clot* ❒ LPIC ❒ RPIC ❒ Sternum
**In 10% buffered formalin*

❒ BM Aspirate No. tubes *Dark green sodium heparin* ___ *EDTA* ___

❒ BM Aspirate Slides No. sent ___ ❒ LPIC ❒ RPIC ❒ Sternum

❒ Peripheral Blood/Smears *(Submit results of CBC/Diff performed within 24 hours; send peripheral smear with all bone marrows)*

Clinical Information

☐ **INITIAL** ☐ **STAGING** ☐ **FOLLOW-UP** ☐ **POST TRANSPLANT**

❒ Anemia ❒ Leukopenia/Neutropenia ❒ Thrombocytopenia ❒ Myelodysplastic s.
❒ Leukemia, specify_____ ❒ Lymphoma, specify_____
❒ Plasma Cell Neoplasm, specify_____
❒ Myeloproliferative Neoplasm, specify_____
❒ Other, specify_____

IU Cytogenetics Laboratory:

❒ **Chromosome Analysis (Karyotype)** *(Dark green sodium heparin tube)*

❒ **Fluorescence *In-Situ* Hybridization (FISH)** *(Dark green sodium heparin tube)*

❒ *ALL Panel (Adult > 18)* ❒ *ALL Panel (Pediatric ≤ 18)* ❒ AML Panel ❒ CLL Panel ❒ Lymphoma Panel ❒ MDS Panel ❒ MPN Panel
❒ t (15:17) PML/RARA ***Stat?*** ❒***Yes*** ❒ ***No***

Fish Individual Probes – Cancer/Oncology: **Individual probes, specify from list below:** _____

1q21/8p	4q12 (PDGFRA/CHIC2)	8 Centromere/del 20q	9q34 (ASS1)	t(12;21) ETV6/RUNX1	t(16;16) CBFB/MYH11
t(1;19) (PBX1/TCF3)	t(4;14) FGFR3/IGH	8q24 (MYC)	t(11;14) CCND1/IGH	13q14 (FOXO1)	17p13.1 (TP53)
1q25.2 (ABL2)	5q33.2 (PDGFRB)	t(8;14) MYC/IGH	t(11;18) BIRC3/MALT1	13q14 (RB1, D13S319)	17q21.1 (RARA)
2p23.2 (ALK)	-5/del(5q)	t(8;21) RUNX1T1/RUNX1	11p15.4 (NUP98)	14q32.3 (IGH)	del(20q)/8 Centromere
2p24.1 (MYCN)	t(6;9) (DEK/NUP214)	9p21 (CDKN2A)	11q23 (KMT2A)	t(14;16) IGH/MAF	22q12 (EWSR1)
3q27 (BCL6)	del(6q) (PRDM1, MYB)	9q34.1 (ABL1)	12 Centromere	t(14;18) IGH/BCL2	X/Y
inv(3) RPN1/MECOM	del(7q)	t(9;22) BCR/ABL1	12p13 (ETV6)	t(15;17) PML/RARA	Xp22.3/Yp11.2 (CRLF2)

Call IUSM Cytogenetics Lab for information regarding panels or additional available probes, 317-274-1053. **All Panels and Probes are Cerner orderable!**

IUHPL Flow Cytometry Laboratory:

❒ **Leuk/Lym Flow Cytometry** *(Dark green sodium heparin tube)* ❒ **MM MRD** by IUHPL flow cytometry *(purple EDTA tube)*

Molecular Diagnostics Testing: *(Send two purple EDTA tubes. Performed at Foundation Medicine-FM, ARUP, or IUH Molecular Laboratory [in-house])*

Molecular Dept: ❒ HEME NGS (500 Genes Comprehensive) ❒ JAK2V617F NGS ❒ HEME NGS (50 Genes AML) ❒ MPN panel (JAK2 with CALR & MPL)
Send out Testing: ❒ FM Heme (*FLT3 is included; send out to Foundation) ❒ FLT3 ITD and TKD (ARUP send out) ❒ BCR-ABL1 Quant. (ARUP send out)
❒ IDH1/IDH2 mutation PCR QL (ARUP send out) ❒ IDH12QN (ARUP send out) ❒ NPM1 QN (ARUP send out)
❒ CBFB-MYH11 inv(16) QN (ARUP send out) ❒ CMYD88 PCR (MAYO send out)
Mayo Send Out Testing: ❒ **Myeloma NGS (NGPCM) (purple EDTA tube)**❒ **Myeloma FISH (PCPDS)** (sorted plasma cell FISH, (Green NA Heparin/Purple EDTA)

IU Molecular Genetics:

❒ **Bone Marrow Engraftment/Chimerism** *(Purple EDTA tube)* ❒ **T-Cell Separation** ❒ **WT1 expression level** *(Purple EDTA tube)*

Additional Testing:

❒ Additional stains ○ Iron Stain ○ Congo Red

❒ **Microbiology Cultures** *(Dark green sodium heparin tube)* ○ BM culture & stain (includes bacteria) ○ AFB ○ Fungal ○ Viral

❒ **MRD Hematologics**(AML/ALL) *(Dark green sodium heparin tube)* ❒ **ALL MRD John Hopkins** *(Dark green sodium heparin tube)*

❒ **MRD clonoSEQ Adaptive** *(purple EDTA tube)*

Research: ❒ **Myeloma Cohort** ❒ **CRO (Riley)** ❒ **Biobank** ❒ **BM evaluation for clinical trials**
❒ **Other, specify**_____

Procured by _____Processed By:_____ Phone Number _____

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Patient Address		Phone		Fax Results To:
City, State, Zip		M F	**BILL FACILITY / CLIENT**	
3) Physicians Signature		Print Physicians Name (F, MI, L)	( ) Split Bill: TC to Facility & PC to Insurance (Medicare, Medicaid) **Attention PFN**: do not register, send patient directly back to lab	
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