



Form with fields for Patient Legal Name, DOB, Race, M/R#, Address, City, State, Zip, M/F, Physicians Signature, Order Date, Print Physicians Name, Client Information, Group Physicians, Primary Insurance, ICD Diagnosis Codes, etc.

Molecular Hematopathology Request

Specimen Type (Peripheral blood, bone marrow, fluid, resection, etc.) _____ EDTA tube - minimum 2 ml blood

Corresponding Pathology # (B-, FC-, S-, etc.) _____ Designated Block _____

Specify Multi-gene Mutation Assay with Next Generation Sequencing (NGS) test(s) requested:

- List of NGS tests including AML Mutations, MDS Mutations, CML Mutations, MPN Mutations, CMML Mutations, JMML Mutations, ALL Mutations, CLL Mutations, Lymphoma/Myeloma Mutations, and Hematopoietic Neoplasms Mutations.

Pathology Outreach Phone Numbers (if unsure of correct fax #, fax requests to Hematopathology):



1) Patient Legal Name (Last, First MI)		DOB	2) () STAT	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 FACILITY / CLIENT () Split Bill: TC to Facility & PC to Insurance (Medicare, Medicaid) Attention PFN: do not register, send patient directly back to lab
3) Physicians Signature	Order Date	Print Physicians Name (F, MI, L)		
Client (Clinic/Physician) Information			Group Physicians	
Send Additional Report To:				

Molecular Hematopathology Request

Specimen Type (Peripheral blood, bone marrow, fluid, resection, etc.) _____ **EDTA tube - minimum 2 ml blood**

Corresponding Pathology # (B-, FC-, S-, etc.) _____ Designated Block _____

Specify Multi-gene Mutation Assay with Next Generation Sequencing (NGS) test(s) requested:

- AML Mutations by NGS** (ASXL1, CEBPA, DNMT3A, ETV6/TEL, FLT3, HRAS, IDH1, IDH2, KIT, KRAS, MLL, NPM1, NRAS, PHF6, RUNX1, TET2, TP53, WT1)
- MDS Mutations by NGS** (ASXL1, ATRX, BCOR, BCORL1, ETV6/TEL, DNMT3A, EZH2, GNAS, IDH1, IDH2, RUNX1, SF3B1, SRSF2, TET2, TP53, U2AF1, ZRSR2)
- CML Mutations by NGS** (ABL1)
- MPN Mutations by NGS** (ASXL1, BRAF, CALR, CSF3R, EZH2, IKZF1, JAK2, JAK3, KDM6A, KIT, MPL, PDGRA, SETBP1, TET2)
- CMML Mutations by NGS** (ASXL1, CBL, CBLB, CBLC, EZH2, RUNX1, TET2, TP53, SRSF2)
- JMML Mutations by NGS** (CBL, CBLB, CBLC, HRAS, KRAS, NRAS, PTPN11)
- ALL Mutations by NGS** (ABL1, CSF3R, FBXW7, IKZF1, JAK3, KDM6A, NOTCH1)
- CLL Mutations by NGS** (MYD88, NOTCH1, SF3B1, TP53)
- Lymphoma/Myeloma Mutations by NGS** (BRAF, CDKN2A, CSF3R, FBXW7, HRAS, KRAS, MYD88, NOTCH1, NRAS, SF3B1, TP53)
- Hematopoietic Neoplasms Mutations by NGS** (ABL1, ASXL1, ATRX, BCOR, BCORL1, BRAF, CALR, CBL, CBLB, CBLC, CDKN2A, CEBPA, CSF3R, CUX1, DNMT3A, ETV6/TEL, EZH2, FBXW7, FLT3, GATA1, GATA2, GNAS, HRAS, IDH1, IDH2, IKZF1, JAK2, JAK3, KDM6A, KIT, KRAS, MLL, MPL, MYD88, NOTCH1, NPM1, NRAS, PDGFRA, PHF6, PTEN, PTPN11, RAD21, RUNX1, SETBP1, SF3B1, SMC1A, SMC3, SRSF2, STAG2, TET2, TP53, U2AF1, WT1, ZRSR2)

Pathology Outreach Phone Numbers (if unsure of correct fax #, fax requests to Hematopathology):

Hematopathology (317) 491-6510(p) (317) 491-6114 (fax)