

Oncology Requisition

ACCOUNT INFORMATION

Account name: _____
Address: _____ City: _____ State: _____
Zip code: _____ Ph: _____ Fax: _____

2330 Inwood Road, Suite EB3.304
Dallas, Texas 75235
LAB PHONE: 214-648-0930
LAB FAX: 214-648-0940
CUSTOMER SERVICE: 214-633-5227
CLIA #: 45D-0861764
CAP #: 2664213

UTSouthwestern
Medical Center

CLINICAL LABORATORY SERVICES

REQUIRED ORDER INFORMATION

BILL TO: Facility / Client
 Patient / 3rd party – Billing information must be provided

Patient Name: (Last, First, Middle) _____
Mother's Name: (if infant) _____
Date of Birth: _____ Sex: _____ Patient ID / MR#: _____
Hospital Inpatient Y / N _____ Collection Date: _____ Collection Time: _____ AM
PM
Ordering Physician (Full Name): _____ NPI: _____
Phone: _____ Pager: _____ FAX: _____
Clinical Indication for Tests Ordered: _____

PATIENT/3RD PARTY BILLING INFORMATION

ICD-10 Code(s) _____
Medicare patients with non-covered diagnoses must sign Advanced Beneficiary Notice (ABN) available at www.veripathlabs.com or by calling customer service at 214-645-7057 or toll free 877-887-8136 Signed ABN included
ICD-10 Codes applicable to each and every test requested should come only from the ordering physician, represent the reason for the test order at the time of order, and be supported by the patient's medical record. Physicians should order only tests that are medically necessary for the diagnosis or treatment of the patient. Tests ordered should be single laboratory tests appropriate for the patient's medical condition. Tests for screening purposes may be ordered, but may not be reimbursed.
Insured/Responsible Party Name: (if different from patient-Last, First, Middle) _____ Date of Birth: _____
Patient's relationship: Self Spouse Dependent Other
Responsible Party Address: _____ City: _____
State: _____ Zip: _____ Phone: _____
Employer's Name: _____ Employer's Phone: _____
Insurance Co. Name: _____ Insurance Co. Phone: _____
Insurance Co. Address: _____
Policy #: _____ Group #: _____
 Medicare HMO Other Medicaid PPO
Member ID#: _____
Referral Authorization/Precertification #: _____ Date/Time: _____
Name: _____

SPECIMEN INFORMATION

Bone Marrow Peripheral Blood
 Bone Marrow Aspirate Smears Peripheral Blood Smears
 Bone Marrow Touch Prep
 Bone Marrow Core Biopsy Left Right
 Urine CSF Body Fluid _____
 Tissue: site/type _____
 Formalin Fixed Paraffin Embedded Tissue (FFPE)
Surgical Pathology/Cytology
Case Number: _____ Block Number: _____
Please see page 2 instructions

TESTS REQUESTED (cont.)

Cytogenetics (Sodium Heparin preferred)
 Chromosomal Analysis FISH specify _____
FISH
 ALK: 2p23 FGFR3/IGH: t(4;14) TFE-3: Xp11.2
 ABL2:1q25 FOXO1: 13q14 TFE-B: 6p21
 ABL1:9q34 FUS: 16p11.2 SS18: 18q11.2
 BIRC3/MALT1: t(11;18) HER2/neu TP53: 17p13.1
 BCL6:3q27 IGH BA: 14q32 UroVysion®
 BCR/ABL1: t(9;22) IGH/BCL2: t(14;18) Other FISH (please call lab)
 CBF: inv(16) IGH/MAF:t(14;16)
 CBF/MYH11:16q22/16p13 IGH/MAFB: t(14;20)
 CCND1/IGH: t(11;14) MDM2: 12q15
 D13S319:13q14 MLL (KMT2A): 11q23
 C-MET:7q31.2 MYB:6q23.3
 Deletion/monosomy 5 MYC/IGH: t(8;14) **FISH Panels:**
 Deletion/monosomy 7 MYCN: 2p23-24 CLL
 DDIT3: 12q13 MYC: 8q24 MM
 EGFR: 7p12 NUP98:11p15 MDS
 ETV6/RUNX1: t(12;21) PDGFRB: 5q33.1 ALL
 EWSR1: 22q12 PML/RARA: t(15;17) AML
 FGFR1: 8p11.2 REL:2p16 Lymphoma
 FIP1L1/PDGFR: 4q12 RB1: 13q14
 RUNX1T1/RUNX1: t(8;21)

CLINICAL INFORMATION

Infection: HIV Hepatitis Other _____
History: Lymphadenopathy Mediastinal Mass Splenomegaly
Therapy: Chemotherapy Growth Factor
 Immunotherapy _____ Other _____
Status: Initial Relapse Remission Post Transplant
 Other _____

TESTS REQUESTED

Morphology
 Bone Marrow Morphology exam Peripheral Blood exam
Attach Current CBC Report

Flow Cytometry (ACD preferred)
 Leukemia/Lymphoma Immunophenotyping
 Leukemia/Lymphoma Immunophenotyping MRD
Select Type: CLL(0.001%) AML(0.01%) BLL(0.01%) TLL(0.01%)
 PNH (Paroxysmal Nocturnal Hemoglobinuria)
 Leukemia/Lymphoma Immunophenotyping CART 19/Immunotherapy f/u
 BAL (Bronchoalveolar Lavage) CD4:CD8
 Leukemia/Lymphoma CSF (Cerebrospinal Fluid)
 Leukemia/Lymphoma FLUID (Other Fluid, not CSF)
 Process and hold - Client should call next day with instructions
 Other Markers: _____

Molecular Diagnostics (EDTA preferred)
 IDH1/IDH2 MEK1
 FLT3 PIK3CA
 NPM1 CKIT (melanoma)
 EGFR Sequencing TP53
 EGFR PCR (FDA) 1p/19q LOH (glioma)
 BRAF MGMT (temozolomide)
 KRAS B-cell Clonality
 NRAS T-cell Clonality
 ERBB2 MSI by PCR

Mutation Panels Panels
 Colon KRAS, NRAS, and BRAF
 Lung EGFR, KRAS, PIK3CA, BRAF, NRAS, MEK, AKT
 Melanoma BRAF, KIT, and NRAS
 50-gene Pan-Cancer Hotspot Mutations by NGS

Lung Adenocarcinoma Panel (on FFPE Tissue)

Mutation Analysis (Molecular Diagnostics) EGFR KRas BRAF
FISH Assay (Cytogenetics)
 ALK ROS1 RET C-MET Her-2
 IHC Assay PTEN

Transplant Analysis
 FISH - X/Y sex chromosomes **Donor Sex:** Male Female
 STR Pre-transplant analysis STR Post-transplant analysis
 Donor Name: _____ Recipient Name: _____
Please provide dates of all previous transplants: _____

LAB USE ONLY	Transport Container: ____ Yellow ____ Green ____ Purple ____ Syringe ____ Conical ____ Red ____ Blue ____ Cup ____ Trans Tube ____ Block ____ Slides ____ Formalin ____ Other: _____	Total # of specimens: _____	Transport Conditions: <input type="checkbox"/> Frozen <input type="checkbox"/> Slushy <input type="checkbox"/> Refrig <input type="checkbox"/> Room Temp	Destination: <input type="checkbox"/> Other _____ <input type="checkbox"/> Coag <input type="checkbox"/> Cytogen <input type="checkbox"/> Hemepath <input type="checkbox"/> Flow <input type="checkbox"/> Hist <input type="checkbox"/> Mol Dx	Initials: _____
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Sample Requirement for Unstained Slides from FFPE Tissue

If ordering on non-UT Southwestern/Parkland Pathology material, please include a copy of the Surgical Pathology/Cytopathology report, the block/unstained slides and corresponding H&E slide.

For UT Patients

Deliver to: Anatomic Pathology Central Receiving
6201 Harry Hines Blvd, D4.426
Dallas Texas 75235
Phone: 214-633-4100
Fax: 214-633-8854

For Parkland Patients

Deliver to: 5200 Harry Hines
Dept. of Pathology, Room D2.625
Attn: Histology
Dallas, TX. - 75235
Phone: 469-419-4478
Fax Number: 469-419-3027

Molecular Diagnostics

Test	Slide Requirements
EGFR Mutation	10 slides @ 10u, 1 H&E
KRAS, BRAF and EGFR	10 slides @ 10u, 1 H&E
50-Gene Panel	10 slides @ 10u, 1 H&E
Colon Panel (KRAS, BRAF, NRAS)	10 slides @ 10u, 1 H&E
Melanoma Panel (BRAF, cKIT, NRAS)	10 slides @ 10u, 1 H&E
KRAS or BRAF or IDH1/2 or ERBB2	5 slides @ 10u, 1 H&E
Microsatellite Instability by PCR	5 slides @ 10u, 1 H&E each normal, tumor
B cell or T cell Clonality	5 slides @ 10u, 1 H&E
Lung Panel	10 slides @ 10u each, 1 H&E
TP53	10 slides @ 10u, 1 H&E
1p/19q LOH	3 slides @ 4u, 1 H&E

Cytogenetics

Test	Slide Requirements
ALK: 2p23 by FISH	2 positively charged slides @4u, 1 H&E
BCL6: 3q27 by FISH	2 positively charged slides @3u
C-MET: 7q31.2 by FISH	2 positively charged slides @4u, 1 H&E
CCND1/IGH by FISH	2 positively charged slides @3u
DDIT3: 12q13 by FISH	2 positively charged slides @4u, 1 H&E
EGFR: 7p12 by FISH	2 positively charged slides @4u, 1 H&E
EWSR1: 22q12 by FISH	2 positively charged slides @4u, 1 H&E
FGFR1: 8p12 by FISH	2 positively charged slides @4u, 1 H&E
FOXO1: 13q14 by FISH	2 positively charged slides @4u, 1 H&E
FUS: 16p11.2 by FISH	2 positively charged slides @4u, 1 H&E
MDM2: 12q15	2 positively charged slides @4u, 1 H&E
HER2/neu by FISH	2 positively charged slides @4u, 1 H&E
IGH/BCL2: t(14;18) by FISH	2 positively charged slides @3u
MYC/IGH: t(8;14) by FISH	2 positively charged slides @3u
MYC: 8q24 by FISH	2 positively charged slides @3u
MYCN: 2p23-24	2 positively charged slides @4u, 1 H&E
PDGFRA: 4q12 by FISH	2 positively charged slides @3u
PDGFRB: 5q33.1 by FISH	2 positively charged slides @3u
SS18: 18q11.2 by FISH	2 positively charged slides @4u, 1 H&E
TFE-3: Xp11.2 by FISH	2 positively charged slides @4u, 1 H&E
TFE-B: 6p21 by FISH	2 positively charged slides @4u, 1 H&E