

**CLINICAL SPECIMEN INFORMATION**

Hosp/Inst where specimen collected: \_\_\_\_\_  
Collection Date \_\_\_\_\_ Collection Time \_\_\_\_\_  
Specimen ID \_\_\_\_\_ Block # / Sublabel \_\_\_\_\_ Tissue Source(s) \_\_\_\_\_

- Paraffin blocks: Tissue block(s) \_\_\_\_\_ Cell block(s) \_\_\_\_\_  
 Formalin  Bouin's  B5  Prefer  Michel's (skin IF TM)  Other  
 Slides: Unstained \_\_\_\_\_ Stained \_\_\_\_\_  
 Smears: Air-dried \_\_\_\_\_ Fixed \_\_\_\_\_ Stained \_\_\_\_\_  
 Blood  Bone marrow aspirate  Bone marrow core bx  Body fluid/CSF  
(NOTE: Fresh specimens: EDTA preferred, Heparin ok)  
**Multiple specimens submitted:**  Test all  Select best block

**CLINICAL HX / DX UNDER CONSIDERATION / REQUEST**

ICD-9 # \_\_\_\_\_

- Perform & interpret tests determined medically necessary by PhenoPath MDs  
 Perform & interpret only test(s) as requested

**PCR MUTATION ANALYSES**

- KRAS # PCR0005  
 BRAF # PCR0004  
 JAK2 # PCR0003  
 EGFR # PCR0007

**GENE REARRANGEMENT BY PCR**

- B cell (IgH) # PCR0001  
 T cell (TCR-γ) # PCR0002

**FLUORESCENCE IN SITU HYBRIDIZATION (FISH) & CISH**

- |                        |                                                                                                                                                                                                                                                                                |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SOLID TUMORS</b>    | <input type="checkbox"/> 1p36/19q13 - Oligodendroglioma panel # FISH0013                                                                                                                                                                                                       |
|                        | <input type="checkbox"/> EGFR/CEP7 # FISH0016                                                                                                                                                                                                                                  |
|                        | <input type="checkbox"/> EWSR1 (22q12) translocations (breakapart) # FISH0004                                                                                                                                                                                                  |
|                        | <input type="checkbox"/> HER2/CEP17 (PathVysion™) # FISH0001                                                                                                                                                                                                                   |
|                        | <input type="checkbox"/> TP53/CEP17 # FISH0024                                                                                                                                                                                                                                 |
|                        | <input type="checkbox"/> SMS/RARA # FISH0022                                                                                                                                                                                                                                   |
|                        | <input type="checkbox"/> MDM-2/SE12 # FISH0023                                                                                                                                                                                                                                 |
|                        | <input type="checkbox"/> SS18 (SYT) translocations (breakapart) # FISH0006                                                                                                                                                                                                     |
|                        | <input type="checkbox"/> TOP2A/CEP17 # FISH0017                                                                                                                                                                                                                                |
|                        | <input type="checkbox"/> BCL6 (3q27) translocations (breakapart) # FISH0018                                                                                                                                                                                                    |
| <b>LYMPHOMAS</b>       | <input type="checkbox"/> IGH (14q32) translocations (breakapart) # FISH0015                                                                                                                                                                                                    |
|                        | <input type="checkbox"/> MALT1 (18q21) translocations (breakapart) # FISH0007                                                                                                                                                                                                  |
|                        | <input type="checkbox"/> t(14;18) IGH/MALT1 # FISH0008                                                                                                                                                                                                                         |
|                        | <input type="checkbox"/> t(11;18) MALT1/API2 # FISH0003                                                                                                                                                                                                                        |
|                        | <input type="checkbox"/> MYC panel (FISH0009, FISH0015) # PANL9101                                                                                                                                                                                                             |
|                        | <input type="checkbox"/> t(4;14) FGFR3/IGH # FISH0020                                                                                                                                                                                                                          |
|                        | <input type="checkbox"/> t(14;16) IGH/MAF # FISH0027                                                                                                                                                                                                                           |
|                        | <input type="checkbox"/> t(11;14) CCND1/IGH # FISH0002                                                                                                                                                                                                                         |
|                        | <input type="checkbox"/> t(14;18) IGH/BCL2 # FISH0005                                                                                                                                                                                                                          |
|                        | <input type="checkbox"/> t(9;22) BCR/ABL # FISH0010                                                                                                                                                                                                                            |
| <b>LEUKEMIAS</b>       | <input type="checkbox"/> MLL (11q23) translocations (breakapart) # FISH0014                                                                                                                                                                                                    |
|                        | <input type="checkbox"/> t(15;17) PML/RARA # FISH0011                                                                                                                                                                                                                          |
|                        | <input type="checkbox"/> RARA (17q21) translocations (breakapart) # FISH0019                                                                                                                                                                                                   |
|                        | <input type="checkbox"/> CLL/SLL panel # PANL9102                                                                                                                                                                                                                              |
|                        | <input type="checkbox"/> Plasma Cell Myeloma FISH Panel (or order individually above):<br>IGH (# FISH0015) -AND- t(11;14) IGH/CCND1 (# FISH0002)<br>If IGH is positive and CCND1 is negative, we will run:<br>t(4;14) IGH/FGFR3 (# FISH0020) -&- t(14;16) IGH/MAF (# FISH0027) |
| <b>OTHER NEOPLASMS</b> | <input type="checkbox"/> Hydatid. Mole Panel (CEP-17 FISH + p53 IHC + MIB IHC) # PANL9105                                                                                                                                                                                      |
|                        | <input type="checkbox"/> CEP-X/CEP-Y # FISH0012                                                                                                                                                                                                                                |
|                        | <input type="checkbox"/> EBV (EBER1 mRNA BY ISH) # CISH0001                                                                                                                                                                                                                    |
|                        | <input type="checkbox"/> Other (list): _____                                                                                                                                                                                                                                   |

**MOLECULAR REQUISITION FORM**

**THIS SECTION FOR PHENOPATH USE ONLY**

**MOLECULAR**

**REQUESTING INSTITUTION NAME & ADDRESS**

Phone \_\_\_\_\_ FAX \_\_\_\_\_

**Ordering Pathologist/Physician**

Name \_\_\_\_\_ NPI # \_\_\_\_\_

**PATIENT INFORMATION**

Name (Last, First, MI) \_\_\_\_\_

SSN # \_\_\_\_\_ DOB \_\_\_\_\_  Male  Female

- Inpatient  Outpatient  Non-Hospital Patient

Address \_\_\_\_\_

Phone \_\_\_\_\_

Medical Record # \_\_\_\_\_ Pt # \_\_\_\_\_

**TREATING PHYSICIAN**

Name \_\_\_\_\_ NPI # \_\_\_\_\_

- Mail/Fax add'l copy of report to treating physician  
Complete information REQUIRED BELOW

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

**BILLING INFO (Must be provided or Institution will be billed)  
Please complete or attach copy of insurance card**

**BILL:**  Ins  Medicare  Medicaid (WA DSHS only)  Institution  Pt

Referral/Authorization # \_\_\_\_\_ **REQUIRED**

Medicare # \_\_\_\_\_ ICD-9 # \_\_\_\_\_

Advance Beneficiary Notice  Yes (provide copy)  No

Healthplan \_\_\_\_\_

Address \_\_\_\_\_

Policy/Cert # \_\_\_\_\_ Group/Plan # \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship \_\_\_\_\_

Secondary Insurance  Yes (Please attach separate sheet)  No

**REQUIRED**

Person completing form \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Send: REQS:  DERM  HEME  HEMEONC  MOL  PATH

PhenoBoxes  Flow Media (RPMI)  IF Media (Michel's)