



CLIENT INFORMATION		ORDERING PHYSICIAN INFORMATION			
		Ordering Provider		Copy To Provider	
		NPI		NPI	
		Tel		Fax	
PATIENT INFORMATION					
Name (Last, First, MI)		DOB / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address (City, State, Zip)		Tel		Client Patient ID	
SSN					
BILLING INFORMATION					
<input type="checkbox"/> Facility <input type="checkbox"/> Insurance <input type="checkbox"/> Patient		Insurance Company (Attach copy of Insurance info)		Policy #	
				Group #	
Place of Service <input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> On-Campus Hospital Outpatient <input type="checkbox"/> Off-Campus Hospital Outpatient <input type="checkbox"/> Physician Office					
CLINICAL AND SPECIMEN INFORMATION					
Diagnosis Codes		Specimen Source		Specimen ID	
Included <input type="checkbox"/> CBC <input type="checkbox"/> Pathology report					
Collection Date/Time / / _____ <input type="checkbox"/> am <input type="checkbox"/> pm					
Clinical Diagnosis/Reason for Referral					
PATHOLOGY & COMPREHENSIVE EVALUATION (STRATAFLEX)					
<input type="checkbox"/> <b>BMPE</b> Bone Marrow Pathology Evaluation					
<input type="checkbox"/> <b>SPC</b> Surgical Pathology Consultation					
<input type="checkbox"/> <b>FLOW M</b> (Global Flow Cytometry with morphology; peripheral blood only; client bill only)					
STRATAFLEX: MPLN Hematopathologists utilize MPLN's Strategic Reflex Testing approach to laboratory medicine and will recommend only the most appropriate reflex testing. All clinically relevant findings and analysis are provided in an integrated report.					
FLOW CYTOMETRY			MOLECULAR ONCOLOGY		
Selectone: <input type="checkbox"/> <b>FLOW</b> Global – Leukemia / Myeloma / Lymphoma <input type="checkbox"/> <b>FLOW TC</b> Technical Only – Leukemia / Myeloma / Lymphoma <input type="checkbox"/> If CLL clone identified, reflex to F CLL, M IgVH, and M TP53  <input type="checkbox"/> <b>FLOW PNH</b> Paroxysmal Nocturnal Hemoglobinuria (PNH) – High Sensitivity			For abbreviated panels Select one: <input type="checkbox"/> Lymphoid markers only <input type="checkbox"/> B-cell/plasma cell markers only <input type="checkbox"/> Residual disease / other (please specify below) _____  <input type="checkbox"/> <b>FLOW BAL</b> Bronchoalveolar Lavage (CD4/CD8 ratio)		
			<input type="checkbox"/> <b>M IgVH</b> Somatic Hypermutation Analysis (CLL) <input type="checkbox"/> <b>M B-CELL</b> Ig Heavy Chain Gene Rearrangement <input type="checkbox"/> <b>M TCR</b> T-cell Receptor Gamma Gene Rearrangement <input type="checkbox"/> <b>M BCR ABL</b> BCR/ABL1 qRT PCR <input type="checkbox"/> <b>M TP53</b> (Exons 2-11)		
			<input type="checkbox"/> <b>M JAK2</b> V617F Mutation by PCR with reflex to <input type="checkbox"/> <b>M NGS HEME</b> <input type="checkbox"/> <b>M MYD88</b> (p. L265P) Mutation <input type="checkbox"/> <b>M KIT P*</b> (D816V Mutation) by PCR for Mastocytosis <input type="checkbox"/> <b>M FLT3</b> <input type="checkbox"/> <b>M NGS HEME</b> (ASXL1, CALR, CBL, CEBPA, CSF3R, DNMT3A, EZH2, IDH1, IDH2, JAK2, KIT, KRAS, MPL, NPM1, NRAS, RUNX1, SETBP1, SF3B1, SRSF2, STAG2, TET2, TP53, U2AF1, WT1, ZRSR2)		
CYTOGENETICS					
<input type="checkbox"/> <b>CYTO BM</b> Chromosome Analysis on Bone Marrow <input type="checkbox"/> <b>CYTO LPB</b> Chromosome Analysis on Leukemic Peripheral Blood (Oncology)			<input type="checkbox"/> <b>CYTO LN</b> Chromosome Analysis for Lymphoma (Lymph Node or other tissue)		
FLUORESCENT IN SITU HYBRIDIZATION (FISH)			BREAST PROGNOSTIC MARKERS		
<input type="checkbox"/> <b>F AML ETO</b> t(8;21) <input type="checkbox"/> <b>F AML FRONTLINE</b> Acute Myeloid Leukemia Panel 5pq, 7/7q, t(8;21), CBFβ, KMT2A <input type="checkbox"/> <b>F AML SECONDARY</b> MECOM, NUP98, t(6;9), t(9;22), TP53 <input type="checkbox"/> <b>F BCL1</b> IGH/CCND1 t(11;14) <input type="checkbox"/> <b>F BCL2</b> IGH/BCL2 t(14;18) <input type="checkbox"/> <b>F BCL3</b> 19q13.3 Rearrangement <input type="checkbox"/> <b>F BCL6</b> 3q27 Rearrangement <input type="checkbox"/> <b>F BCR/ABL</b> t(9;22) Reflex to: <input type="checkbox"/> <b>M JAK2</b> V617F Mutation <input type="checkbox"/> <b>F BURKITT</b> “Double Hit” Large B-cell Lymphoma Panel [CMYC, t(8;14), BCL2, BCL6] <input type="checkbox"/> <b>F CBFβ</b> t(16;16), inv(16) <input type="checkbox"/> <b>F CLL</b> Chronic Lymphocytic Leukemia Panel <input type="checkbox"/> <b>F CMYC</b> 8q24 Rearrangement <input type="checkbox"/> <b>F MYC::IGH</b> t(8;14)			<input type="checkbox"/> <b>F EOS</b> Eosinophilia Panel (4q12, PDGFRβ, FGFR1) <input type="checkbox"/> <b>F DEK::NUP214</b> t(6;9) <input type="checkbox"/> <b>F FGFR1</b> 8p11.2 Rearrangement <input type="checkbox"/> <b>F IGH MALT1</b> t(14;18) <input type="checkbox"/> <b>F IRF4</b> 6p25 Rearrangement <input type="checkbox"/> <b>F MALT1</b> 18q21 Rearrangement <input type="checkbox"/> <b>F MECOM</b> 3q26.2 Rearrangement <input type="checkbox"/> <b>F MDS</b> Myelodysplastic Syndrome Panel <input type="checkbox"/> <b>F MLL</b> KMT2A 11q23 Rearrangement <input type="checkbox"/> <b>F MM</b> Multiple Myeloma Panel <input type="checkbox"/> <b>F MPD</b> Myeloproliferative Neoplasm Panel (9;22 included) <input type="checkbox"/> <b>F NUP98</b> 11p15 Rearrangement <input type="checkbox"/> <b>F 4q12</b> FIP1L1/CHIC2/PDGFRα Rearrangement <input type="checkbox"/> <b>F PDGFRβ</b> 5q32 Rearrangement <input type="checkbox"/> <b>F PRDM16</b> 1p36.32 Rearrangement <input type="checkbox"/> <b>F PML/RARA</b> t(15;17) <input type="checkbox"/> <b>F URO</b> Bladder Cancer Panel [+3, +7, +17, 9p21-] <input type="checkbox"/> <b>F ETV6::RUNX11</b> t(12;21)		
			<input type="checkbox"/> <b>I ER</b> Estrogen Receptor <input type="checkbox"/> <b>I HER2</b> HER2/Neu (IVD) Reflex to: <input type="checkbox"/> <b>FP HER2/Neu</b> <input type="checkbox"/> <b>I Ki67</b> Cell Proliferation Marker		
			<input type="checkbox"/> <b>IP53</b> Tumor Suppressor Gene Protein <input type="checkbox"/> <b>I PR</b> Progesterone Receptor		
SOLID TUMOR MOLECULAR			SOLID TUMOR FISH / IHC		
<input type="checkbox"/> <b>M BRAF</b> (Exon 15) <input type="checkbox"/> <b>M EGFR</b> (Exons 12, 18 - 21) <input type="checkbox"/> <b>M KRAS</b> (Exons 2, 3, 4)			<input type="checkbox"/> <b>M ALK</b> 2p23 Rearrangement <input type="checkbox"/> <b>FP HER2/Neu</b> Breast <input type="checkbox"/> <b>FP HER2 GA</b> HER2/neu Gastric <input type="checkbox"/> <b>FP BURKITT</b> “Double Hit” Large B-cell Lymphoma Panel [CMYC, t(8;14), BCL2, BCL6] <input type="checkbox"/> <b>FP IRF4</b> 6p25 Rearrangement		
			<input type="checkbox"/> <b>FP MALT1</b> 18q21 Rearrangement <input type="checkbox"/> <b>I MSI</b> Microsatellite instability profile (Mismatch repair) <input type="checkbox"/> <b>I PD-L1</b> Clone SP263, tumor prognostic marker <input type="checkbox"/> <b>FP ROS1</b> 6p22 Rearrangement		
COMMENTS					

**Please Note:** Many payers, including Medicare and Medicaid, have medical necessity requirements. You should only order tests which are medically necessary for the diagnosis and treatment of the patient. Thank you.

\* Performed at affiliate laboratory

All other IHC stains are on a separate requisition. For a complete list including FISH Probes, visit [www.MPLNet.com](http://www.MPLNet.com) JUL 2025