MOLECULAR PATHOLOGY
LABORATORY NETWORK, INC.

Oncology /Pathology Requisition

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mplnet.com

CLIENT INFORMATION

ORDERING PHYSICIAN INFORMATION

Ordering Provider		Copy To Provider	
NPI		NPI	
Tel	Fax	Tel	Fax

PATIENT INFORMATION

Name (Last, First, MI)	DOB / /	Gender ☐ Male ☐ Female	SSN
Address (City, State, Zip)	Tel	Client Patient ID	

BILLING INFORMATION

☐ Facility ☐ Insurance ☐ Patient | Insurance Company (Attach copy of Insurance info) | Policy # | Group #

Place of Service ☐ Hospital Inpatient ☐ On-Campus Hospital Outpatient ☐ Off-Campus Hospital Outpatient ☐ Physician Office

CLINICAL AND SPECIMEN INFORMATION

Diagnosis Codes _____

Included ☐ CBC ☐ Pathology report

Collection Date/Time / / _____ ☐ am ☐ pm

Clinical Diagnosis/Reason for Referral

Specimen Source

☐ Blood
☐ Bone Marrow
☐ Aspirate
☐ Core Biopsy
☐ Clot

☐ Fresh Tissue
☐ FNA
☐ Fluids Source _____
☐ Other Source _____

Specimen ID

Required for Breast Cancer Diagnostics:
☐ Zinc Fixed
☐ B-Plus Fixed
☐ 10% Neutral Buffered Formalin
☐ Time to Tissue Fixation: _____
☐ Tissue Fixation Time: _____

FFPE
# of Blocks _____
# of Slides _____
☐ Exhaust Block if necessary
☐ Call before exhausting Block

PATHOLOGY & COMPREHENSIVE EVALUATION (STRATAFLEX)

☐ **BMPE** Bone Marrow Pathology Evaluation
☐ **SPC** Surgical Pathology Consultation
☐ **FLOW M** (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

Selectone:
☐ **FLOW** Global – Leukemia / Myeloma / Lymphoma
☐ **FLOW TC** Technical Only – Leukemia / Myeloma / Lymphoma
☐ If CLL clone identified, reflex to F CLL, M IgVH, and M TP53

For abbreviated panels Select one:
☐ Lymphoid markers only
☐ B-cell/plasma cell markers only
☐ Residual disease / other (please specify below)
_____

☐ **FLOW PNH** Paroxysmal Nocturnal Hemoglobinuria (PNH) – High Sensitivity
☐ **FLOW BAL** Bronchoalveolar Lavage (CD4/CD8 ratio)

CYTOGENETICS

☐ **CYTO BM** Chromosome Analysis on Bone Marrow
☐ **CYTO LPB** Chromosome Analysis on Leukemic Peripheral Blood (Oncology)
☐ **CYTO LN** Chromosome Analysis for Lymphoma (Lymph Node or other tissue)

FLUORESCENT IN SITU HYBRIDIZATION (FISH)

☐ **F AML::ETO** t(8;21)
☐ **F AML FRONTLINE** Acute Myeloid Leukemia Panel 5pq, 7/7q, t(8;21), CBFB, KMT2A
☐ **F AML SECONDARY** MECOM, NUP98, t(6;9), t(9;22), TP53
☐ **F BCL3** 19q13.3 Rearrangement
☐ **F BCL6** 3q27 Rearrangement
☐ **F BCR::ABL1** t(9;22)
Reflex to:
☐ **M JAK2** V617F Mutation
☐ **F BURKITT** "Double Hit" Large B-cell Lymphoma Panel [CMYC, t(8;14), BCL2, BCL6]
☐ **F CBFB** t(16;16), inv(16)
☐ **F CLL** Chronic Lymphocytic Leukemia Panel
☐ **F CMYC** 8q24 Rearrangement
☐ **F EOS** Eosinophilia Panel (4q12, PDGFRB, FGFR1)
☐ **F DEK::NUP214** t(6;9)
☐ **F FGFR1** 8p11.2 Rearrangement
☐ **F IGH** 14q32 Rearrangement
☐ **F IGH::FGRF3** t(4;14)
☐ **F IGH::MYC** t(8;14)
☐ **F IGH::CCND1** t(11;14)
☐ **F IGH::MAF** t(14;16)
☐ **F IGH::BCL2** t(14;18)
☐ **F IGH::MALT1** t(14;18)
☐ **F IRF4** 6p25 Rearrangement
☐ **F MALT1** 18q21 Rearrangement
☐ **F MECOM** 3q26.2 Rearrangement
☐ **F MDS** Myelodysplastic Syndrome Panel
☐ **F MLL** KMT2A 11q23 Rearrangement
☐ **F MM** Multiple Myeloma Panel
☐ **F MPD** Myeloproliferative Neoplasm Panel (9;22 included)
☐ **F NUP98** 11p15 Rearrangement
☐ **F 4q12** FIP1L1/CHIC2/PDGFRA Rearrangement
☐ **F PDGFRβ** 5q32 Rearrangement
☐ **F PRDM16** 1p36.32 Rearrangement
☐ **F PML::RARA** t(15;17)
☐ **F URO** Bladder Cancer Panel [+3, +7, +17, 9p21-]
☐ **F ETV6::RUNX11** t(12;21)

MOLECULAR ONCOLOGY

☐ **M IgVH** Somatic Hypermutation Analysis (CLL)
☐ **M B-CELL** Ig Heavy Chain Gene Rearrangement
☐ **M TCR** T-cell Receptor Gamma Gene Rearrangement
☐ **M BCR ABL** BCR/ABL1 qRT PCR
☐ **M TP53** (Exons 2-11)
☐ **M JAK2** V617F Mutation by PCR with reflex to
❑ **M NGS HEME**
☐ **M MYD88** (p. L265P) Mutation
☐ **M KIT P*** (D816V Mutation) by PCR for Mastocytosis
☐ **M FLT3**
☐ **M NGS HEME** (ASXL1, CALR, CBL, CEBPA, CSF3R, DNMT3A, EZH2,(TKD), IDH1, IDH2, JAK2, KIT, KRAS, MPL, NPM1, NRAS, RUNX1, SETBP1, SF3B1, SRSF2, STAG2, TET2, TP53, U2AF1, WT1, ZRSR2)

BREAST PROGNOSTIC MARKERS

☐ **I ER** Estrogen Receptor
☐ **I HER2** HER2/Neu (IVD) Reflex to:
☐ **FP HER2**/Neu
☐ **I KI67** Cell Proliferation Marker
☐ **I P53** Tumor Suppressor Gene Protein
☐ **I PR** Progesterone Receptor

SOLID TUMOR MOLECULAR

☐ **M BRAF** (Exon 15)
☐ **M EGFR** (Exons 12, 18 - 21)
☐ **M KRAS** (Exons 2, 3, 4)
☐ **M COLON NGS** Colorectal- BRAF, KRAS, NRAS

SOLID TUMOR FISH / IHC

☐ **FP ALK** 2p23 Rearrangement
☐ **FP HER2**/Neu Breast
☐ **FP HER2 GA** HER2/neu Gastric
☐ **FP BURKITT** "Double Hit" Large B-cell Lymphoma Panel [CMYC, t(8;14), BCL2, BCL6]
☐ **FP BCL6** 3q27 Rearrangement
☐ **FP CMYC** 8q24 Rearrangement
☐ **FP IGH** 14q32 Rearrangement
☐ **FP IGH::MYC** t(8;14)
☐ **FP IGH::CCND1** t(11;14)
☐ **FP IGH::BCL2** t(14;18)
☐ **FP IRF4** 6p25 Rearrangement
☐ **FP MALT1** 18q21 Rearrangement
☐ **I MSI** Microsatellite instability profile (Mismatch repair)
☐ **I PD-L1** Clone SP263, tumor prognostic marker
☐ **FP ROS1** 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