



CLIENT INFORMATION		ORDERING PHYSICIAN INFORMATION					
		Ordering Provider		Copy To Provider			
		NPI		NPI			
		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 _____		Specimen Source		Specimen ID			
Included ☐ CBC ☐ Pathology report							
Collection Date/Time / / _____ ☐ am ☐ pm		☐ Blood ☐ Bone Marrow ☐ Aspirate ☐ Core ☐ Biopsy ☐ Clot		☐ Fresh Tissue ☐ FNA ☐ Fluids Source ☐ Other Source _____		Required for Breast Cancer Diagnostics: ☐ Zinc Fixed ☐ B-Plus Fixed ☐ 10% Neutral Buffered Formalin ☐ Time to Tissue Fixation: _____ ☐ Tissue Fixation Time: _____	
Clinical Diagnosis/Reason for Referral						FFPE # of Blocks _____ # of Slides _____ ☐ Exhaust Block if necessary ☐ Call before exhausting Block	
PATHOLOGY & COMPREHENSIVE EVALUATION (STRATAFLEX)							
☐ BMPE Bone Marrow Pathology Evaluation		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.					
☐ SPC Surgical Pathology Consultation							
☐ FLOW M (Global Flow Cytometry with morphology; peripheral blood only; client bill only)							
FLOW CYTOMETRY		MOLECULAR ONCOLOGY					
Select one: ☐ 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 ☐ FLOW PNH Paroxysmal Nocturnal Hemoglobinuria (PNH) – High Sensitivity		For abbreviated panels Select one: ☐ Lymphoid markers only ☐ B-cell/plasma cell markers only ☐ Residual disease / other (please specify below) _____ ☐ FLOW BAL Bronchoalveolar Lavage (CD4/CD8 ratio)		☐ 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 BRAF (Exon 15) ☐ M JAK2 V617F Mutation by PCR with reflex to ☐ M NGS HEME ☐ M MYD88 (p. L265P) Mutation ☐ M KIT* (D816V Mutation) by PCR for Mastocytosis ☐ M FLT3 ☐ M NGS HEME (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							
☐ 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)		BREAST PROGNOSTIC MARKERS					
☐ F AML::ETO t(8;21) ☐ F AML FRONTLINE Acute Myeloid Leukemia Panel 5p, 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/PDGFR A 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)		☐ I ER Estrogen Receptor ☐ I HER2 HER2/Neu (IVD) Reflex to: ☐ FP HER2/Neu ☐ I KI67 Cell Proliferation Marker ☐ IP53T Tumor Suppressor Gene Protein ☐ I PR Progesterone Receptor			
		SOLID TUMOR MOLECULAR					
		☐ M SOLID TUMOR NGS (AKT1, ALK, BRAF, CTNNB1, DDR2, EGFR, ERBB2, ERBB4, FBXW7, FGFR1, FGFR2, FGFR3, KRAS, MAP2K1, MET, NOTCH1, NRAS, PIK3CA, PTEN, SMAD4, STK11, TP53)					
		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 OCT 2025					