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| CLIENT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | ORDERING PHYSICIAN INFORMATION                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                             |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Ordering Provider                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Copy To Provider                                                                                                                                                                                                                                                                                            |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | NPI                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NPI                                                                                                                                                                                                                                                                                                         |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Tel                                                                                                                                                                                                                   | Fax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Tel                                                                                                                                                                                                                                                                                                         | Fax |
| PATIENT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                             |     |
| Name (Last, First,MI)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | DOB / /                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                        |     |
| SSN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Address (City,State,Zip)                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Tel                                                                                                                                                                                                                                                                                                         |     |
| Client Patient ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                             |     |
| BILLING INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                             |     |
| <input type="checkbox"/> Facility <input type="checkbox"/> Insurance <input type="checkbox"/> Patient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Insurance Company (Attachcopy 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Blood<br><input type="checkbox"/> Bone Marrow<br><input type="checkbox"/> Aspirate<br><input type="checkbox"/> Core<br><br><input type="checkbox"/> Biopsy<br><input type="checkbox"/> Clot  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Fresh Tissue<br><input type="checkbox"/> FNA<br><input type="checkbox"/> Fluids Source<br><br><input type="checkbox"/> Other Source                                                                                                                                                |     |
| Clinical Diagnosis/Reason for Referral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Required for Breast Cancer Diagnostics:</b><br><input type="checkbox"/> Zinc Fixed<br><input type="checkbox"/> B-Plus Fixed<br><input type="checkbox"/> 10% Neutral Buffered Formalin<br><input type="checkbox"/> Time to Tissue Fixation: _____<br><input type="checkbox"/> Tissue Fixation Time: _____ |     |
| FFPE<br># of Blocks _____<br># of Slides _____<br><input type="checkbox"/> Exhaust Block if necessary<br><input type="checkbox"/> Call before exhausting Block                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                             |     |
| 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.<br>All clinically relevant findings and analysis are provided in an integrated report.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                             |     |
| FLOW CYTOMETRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                       | MOLECULAR ONCOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                             |     |
| Select one:<br><input type="checkbox"/> <b>FLOW</b> Global – Leukemia / Myeloma / Lymphoma<br><input type="checkbox"/> <b>FLOW TC</b> Technical Only – Leukemia / Myeloma / Lymphoma<br><input type="checkbox"/> If CLL clone identified, reflex to F CLL, M IgVH, and M TP53<br><br><input type="checkbox"/> <b>FLOW PNH</b> Paroxysmal Nocturnal Hemoglobinuria (PNH) – High Sensitivity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                       | For abbreviated panels Select one:<br><input type="checkbox"/> Lymphoid markers only<br><input type="checkbox"/> B-cell/plasma cell markers only<br><input type="checkbox"/> Residual disease / other (please specify below)<br><br><input type="checkbox"/> <b>FLOW BAL</b> Bronchoalveolar Lavage (CD4/CD8 ratio)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                             |     |
| <input type="checkbox"/> <b>FLOW BM</b> Chromosome Analysis on Bone Marrow<br><input type="checkbox"/> <b>FLOW LPB</b> Chromosome Analysis on Leukemic Peripheral Blood (Oncology)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                       | <input type="checkbox"/> <b>M IgVH</b> Somatic Hypermutation Analysis (CLL)<br><input type="checkbox"/> <b>M B-CELL</b> Ig Heavy Chain Gene Rearrangement<br><input type="checkbox"/> <b>M TCR</b> T-cell Receptor Gamma Gene Rearrangement<br><input type="checkbox"/> <b>M BCR ABL</b> BCR/ABL1 qRT PCR<br><input type="checkbox"/> <b>M TP53</b> (Exons 2-11)<br><input type="checkbox"/> <b>M BRAF</b> (Exon 15)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                             |     |
| CYTOGENETICS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                       | CYTOGENETICS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                             |     |
| <input type="checkbox"/> <b>CYTO LN</b> Chromosome Analysis for Lymphoma (Lymph Node or other tissue)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                       | <input type="checkbox"/> <b>M JAK2</b> V617F Mutation by PCR with reflex to<br><input type="checkbox"/> <b>M NGS HEME</b><br><input type="checkbox"/> <b>M MYD88</b> (p. L265P) Mutation<br><input type="checkbox"/> <b>M KIT P*</b> (D816V Mutation) by PCR for Mastocytosis<br><input type="checkbox"/> <b>M FLT3</b><br><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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                             |     |
| FLUORESCENT IN SITU HYBRIDIZATION (FISH)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                       | SOLID TUMOR MOLECULAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             |     |
| <input type="checkbox"/> <b>F AML::ETO</b> t(8;21)<br><input type="checkbox"/> <b>F AML FRONTLINE</b> Acute Myeloid Leukemia Panel 5pq, 7/7q, t(8;21), CBFB, KMT2A<br><input type="checkbox"/> <b>F AML SECONDARY</b> MECOM, NUP98, t(6;9), t(9;22), TP53<br><input type="checkbox"/> <b>F BCL3</b> 19q13.3 Rearrangement<br><input type="checkbox"/> <b>F BCL6</b> 3q27 Rearrangement<br><input type="checkbox"/> <b>F BCR::ABL1</b> t(9;22)<br>Reflex to:<br><input type="checkbox"/> <b>M JAK2</b> V617F Mutation<br><input type="checkbox"/> <b>F BURKITT</b> “Double Hit” Large B-cell Lymphoma Panel [CMYC, t(8;14), BCL2, BCL6]<br><input type="checkbox"/> <b>F CBFB</b> t(16;16), inv(16)<br><input type="checkbox"/> <b>F CLL</b> Chronic Lymphocytic Leukemia Panel<br><input type="checkbox"/> <b>F CMYC</b> 8q24 Rearrangement<br><input type="checkbox"/> <b>F EOS</b> Eosinophilia Panel (4q12, PDGFRB, FGFR1)<br><input type="checkbox"/> <b>F DEK::NUP214</b> t(6;9)<br><input type="checkbox"/> <b>F FGFR1</b> 8p11.2 Rearrangement<br><input type="checkbox"/> <b>F IGH</b> 14q32 Rearrangement<br><input type="checkbox"/> <b>F IGH::FGFR3</b> t(4;14) |  |                                                                                                                                                                                                                       | <input type="checkbox"/> <b>F IGH::MYC</b> t(8;14)<br><input type="checkbox"/> <b>F IGH::CCND1</b> t(11;14)<br><input type="checkbox"/> <b>F IGH::MAF</b> t(14;16)<br><input type="checkbox"/> <b>F IGH::BCL2</b> t(14;18)<br><input type="checkbox"/> <b>F IGH::MALT1</b> t(14;18)<br><input type="checkbox"/> <b>F IRF4</b> 6p25 Rearrangement<br><input type="checkbox"/> <b>F MALT1</b> 18q21 Rearrangement<br><input type="checkbox"/> <b>F MECOM</b> 3q26.2 Rearrangement<br><input type="checkbox"/> <b>F MDS</b> Myelodysplastic Syndrome Panel<br><input type="checkbox"/> <b>F MLL</b> KMT2A 11q23 Rearrangement<br><input type="checkbox"/> <b>F MM</b> Multiple Myeloma Panel<br><input type="checkbox"/> <b>F MPD</b> Myeloproliferative Neoplasm Panel (9;22 included)<br><input type="checkbox"/> <b>F NUP98</b> 11p15 Rearrangement<br><input type="checkbox"/> <b>F 4q12</b> FIP1L1/CHIC2/PDGFRB Rearrangement<br><input type="checkbox"/> <b>F PDGFRB</b> 5q32 Rearrangement<br><input type="checkbox"/> <b>F PRDM16</b> 1p36.32 Rearrangement<br><input type="checkbox"/> <b>F PML::RARA</b> t(15;17)<br><input type="checkbox"/> <b>F URO</b> Bladder Cancer Panel [+3,+7,+17,9p21-]<br><input type="checkbox"/> <b>F ETV6::RUNX11</b> t(12;21) |                                                                                                                                                                                                                                                                                                             |     |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                       | SOLID TUMOR FISH / IHC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                             |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                       | <input type="checkbox"/> <b>I ER</b> Estrogen Receptor<br><input type="checkbox"/> <b>I HER2</b> HER2/Neu (IVD) Reflex to:<br><input type="checkbox"/> <b>FP HER2</b> /Neu<br><input type="checkbox"/> <b>I KI67</b> Cell Proliferation Marker<br><br><input type="checkbox"/> <b>IP53</b> Tumor Suppressor Gene Protein<br><input type="checkbox"/> <b>IPR</b> Progesterone Receptor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                       | SOLID TUMOR MOLECULAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                       | <input type="checkbox"/> <b>M SOLID TUMOR NGS</b> (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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                             |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                       | <input type="checkbox"/> <b>FP ALK</b> 2p23 Rearrangement<br><input type="checkbox"/> <b>FP HER2</b> /Neu Breast<br><input type="checkbox"/> <b>FP HER2 GA</b> HER2/neu Gastric<br><input type="checkbox"/> <b>FP BURKITT</b> “Double Hit” Large B-cell Lymphoma Panel [CMYC, t(8;14), BCL2, BCL6]<br><input type="checkbox"/> <b>FP BCL6</b> 3q27 Rearrangement<br><input type="checkbox"/> <b>FP CMYC</b> 8q24 Rearrangement<br><input type="checkbox"/> <b>FP IGH</b> 14q32 Rearrangement<br><input type="checkbox"/> <b>FP IGH::MYC</b> t(8;14)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                             |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                       | <input type="checkbox"/> <b>FP IGH::CCND1</b> t(11;14)<br><input type="checkbox"/> <b>FP IGH::BCL2</b> t(14;18)<br><input type="checkbox"/> <b>FP IRF4</b> 6p25 Rearrangement<br><input type="checkbox"/> <b>FP MALT1</b> 18q21 Rearrangement<br><input type="checkbox"/> <b>I MSI</b> Microsatellite instability profile (Mismatch repair)<br><input type="checkbox"/> <b>I PD-L1</b> Clone SP263, tumor prognostic marker<br><input type="checkbox"/> <b>FP ROS1</b> 6p22 Rearrangement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                             |     |
| 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.<br>* Performed at affiliate laboratory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                             |     |
| All other IHC stains are on a separate requisition. For a complete list including FISH Probes, visit <a href="http://www.MPLNet.com">www.MPLNet.com</a> SEP 2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                             |     |