

	Sand Oaks Pathology G Oaks Drive, #100, Thousand Oaks, G		
DIRECTORS WAYNE M. SCHULTHEIS EDWARD I. BLACKMAN, RICHARD H. KELTY, M.D. REGINA P.C. SINGSON, J. JAMES YIN M.D., Ph. L	M.D. / / / / / / / / / / / / / / / / / /	HEMATOPATHOLO	GY REQUISITION
		PATIENT INFORMATION	
	ADDRESS ADDRES		
copies to additional physician (p	Sime rain riame).	EX BIRTH DATE	ATTACH P.O.E. STICKER
	MEDICAL F		STIGHT
	RESPONSIBLE		(Please send photocopy of insurance card, both sides.)
	INSURANCE C	CO. NAME	GROUP NO.
	INSURANCE O	CO. ADDRESS	POLICY NO.
	Specime	en Information	
□ Bone Marrow: clot Clot □ Fluid: CSF □ Fresh Tissue air dried fixed □ Other Other	Purple top(s) Core Biopsy Other other stained Type of stain:	Body Site	
And 10 a 22 - 200	Clinica	I Information	
Diagnosis or Signs/Symptoms (ICD-9 or Narration TREATMENT STATUS New Diagnosis Follow THERAPY Current Type:	ve): MRD □ Relapse □ Monitoring	□ Lymphoproliferative Disorders □ Chronic lymphocytic leukemia/small lymphocytic le □ Follicular lymphoma (FL) □ Hairy cell leukemia (□ Burkitt lymphoma □ Hodgkin lymphoma □ N □ Myeloproliferative Neoplasms □ CML □ Polycythemia vera (PV) □ Essential thr	HCL)
□ Prior (> 1 month ago) □ Rituxan® □ Campath® □ Gleevec® □ Mylotarg® □ Velcade®		☐ Idiopathic myelofibrosis (IMF) ☐ Other	
□ Chemotherapy □ Radiotherapy □ EPO □ GCSF □ GMCSF □ Other □ Other □ Chemotherapy □ Radiotherapy □ Chemotherapy □ Radiotherapy □ EPO □ GCSF □ GMCSF □ Other □ Chemotherapy □ Radiotherapy		□ Myelodysplastic Syndrome (MDS) □ MDS □ CMML □ Other	
Bone Marrow Transplant: Type: Autologous Allogeneic Sex Mismatch		□ Acute Leukemia □ AML □ APL □ ALL □ Anemia □ Pancytopenia □ Other	
	Te	st Menu	
		ATION (Includes both Diagnostic and Prognostionetry, Chromosomal Analysis, FISH, a-CGH and PCR, as medically	•
INDIVIDUAL TEST ANALYSIS Only perform testing	g on the submitted specimen(s) using the specific	test components listed below.	
FLOW CYTOMETRY Comprehensive (myeloid, B-, T-Cell) B- & T-Cell Plasma Cell PNH ZAP-70	PCR# IGH/CCND1, t(11;14) for MCL, PCN (subset) IGH/BCL2, t(14; 18) for FL, DLBCL (subset) PML/RARA, t(15; 17) for APL monitoring BCR/ABL, quantitative, t(9; 22) for CML, ALL BCR/ABL major (p210; b2a2 or b2a3)	□ B-Cell (IGH) Gene Rearrangement, B-Cell Clonality □ T-Cell (TCR) Gene Rearrangement, T-cell Clonality □ Other FISH PANELS* □ CLL/SLL Panel □ MDS Panel	INDIVIDUAL FISH ASSAYS IGH/CCND1, t(11;14) for MCL, PCN (subset) IGH/BCL2, t(14;18) for FL, DLBCL (subset) PML/RARA, t(15;17) for APL BCR/ABL, t(9;22) for CML, ALL IFIP1L1/PDGFRA (4q12 deletion)
CHROMOSOME ANALYSIS ☐ Classical Cytogenetics ☐ Array-CGH	☐ BCR/ABL minor (p190; e1a2) ☐ JAK2 mutation analysis for PV, ET, IMF ☐ FLT3 mutation analysis for AML	□ Piasma Cell Neoplasm /Myeloma Panel □ NHL Panel	☐ PDGFRB Rearrangement; t(15;12) ☐ X,Y for Bone Marrow Transplant ☐ Other.
□ BONE MARROW MORPHOLOGY □ CIRCULATING TUMOR CELL ANALYSIS	☐ KIT mutation analysis for AML ☐ MPL mutation analysis for ET, IMF ☐ FIP1L1/PDGFRA (4q 12 deletion)	→ AML Panel * Contact TOPA for a complete list of FISH probes.	Other

Date:

Lab Use Only:

Date:

For a complete list of our test menu, please call TOPA.

Authorized Signature: