

OUTLINED AREAS MUST BE COMPLETED

PATIENT IDENTIFIER	PATIENT IDENTIFIER		
	NAME, LAST (Please Print)		FIRST M.I.
	BIRTHDATE	M/F	DATE/TIME COLLECTED
	STREET		PHONE #
	CITY	STATE	ZIP

BILLING	INSURANCE CARRIER NAME		ADDRESS	
	INSURED NAME		INSURED ID#	PT. RELATIONSHIP TO INSURED: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
	GROUP # or NAME		<input type="checkbox"/> INSURANCE CHANGE	
	<input type="checkbox"/> MEDICARE #		<input type="checkbox"/> MEDICAID #	
			<input type="checkbox"/> SELF-PAY	

STAT
I attest that this patient has been informed about and has given consent for the test(s) I have ordered below under applicable law.

AFFIX TO SPECIMEN CONTAINER

PHYSICIAN SIGNATURE

REPORT COPY TO:

Please fill out this form as completely as possible in order to prevent delays in processing the sample. Hours of Operation: M-F 7am to 5pm

DIAGNOSIS CODES (MUST BE PROVIDED)	

PATIENT STATUS

New Diagnosis Remission Post BMT/SCT: _____
 Post Treatment Relapse Male Donor Female Donor

Clinical History: _____
Diagnosis: _____
PB-WBC Count: _____ **Blast Count:** _____
Date and Time Specimen Collected: _____
Specimen Type: BM Aspirate BM-Bx BM Smear
 Blood PB Smear CSF Fluid, indicate type: _____
 Lymph Node Other Tissue, indicate type: _____
 Fresh Tissue FNA Touch Prep FFPE

FLOW CYTOMETRY
Diagnosis/History Info REQUIRED

Leukemia/Lymphoma Immunophenotyping - Green (preferred) or Lavender top
 Rule Out: AML ALL MDS NHL LGL HCL
 CLL Myeloma Other: _____

THS T-Cell Subset - Monitor (CD3, CD4, CD8)
 FTSH Full T-Cell Subset (CD3, CD4, CD8, CD19, CD16,56)
 PNH (Lavender top-PB Only)
 CD34 Stem Cell (CD34 ABS)

CYTOCHEMISTRIES

HLX Iron Stain Iron Stain
 HEMOSID Urine Hemosiderin
 LAP Leukocyte Alkaline Phosphatase (LAP Score)

MOLECULAR ONCOLOGY

HLX IGR B-Cell Gene Rearrangement
 HLX TCR T-Cell Gene Rearrangement
 HLX BCR Quantitative *BCR::ABL1* p210 p190
 HLX JAK2 Quant *JAK2* V617F
 HLX CALR *CALR*
 HLX MPL *MPL* W515K, W515L, W515A, S505N
 HLX FLT3 *FLT3*-ITD and TKD
 HLX MYD88 *MYD88* L265P
 HLX CXCR4 *CXCR4* C1013G
 DNA and HOLD BRLI Myeloid Panel
 BCL21GH Gene *BCL2::IGH* Gene Rearrangement
 Other: _____

CYTOGENETICS AND FISH

Test Requested: HLX Chromosome Oncology CASE Cytogenetics
 HLX FISH Oncology CASE

For FISH panels, check box against specific panel.
For individual probes check box next to specific probes.

<input type="checkbox"/> S/P Sex Mismatched Bone Marrow Transplant <input type="checkbox"/> X / Y Probes	<input type="checkbox"/> MDS Panel <input type="checkbox"/> -5 /deletion 5q <input type="checkbox"/> -7 /deletion 7q <input type="checkbox"/> Trisomy 8 <input type="checkbox"/> Deletion 20q <input type="checkbox"/> <i>TP53</i> (deletion 17p)
<input type="checkbox"/> MPD - PDGFRA::FIP1L1 fusion <i>CHIC2</i> del(4q12) <input type="checkbox"/> <i>PDGFRB</i> <input type="checkbox"/> <i>FGFR1/cep 8</i>	<input type="checkbox"/> AML Panel <input type="checkbox"/> -5/ deletion 5q <input type="checkbox"/> -7/ deletion 7q <input type="checkbox"/> <i>RUNX1T1::RUNX1</i> t(8;21) <input type="checkbox"/> <i>KMT2A/MLL</i> (11q23) <input type="checkbox"/> <i>PML::RARA</i> t(15;17) <input type="checkbox"/> <i>CBFB</i> inv(16)/t(16;16) <input type="checkbox"/> <i>TP53</i> (deletion 17p)
<input type="checkbox"/> CML - BCR::ABL1 t(9;22)	<input type="checkbox"/> Multiple Myeloma Panel <input type="checkbox"/> <i>FGFR3::IGH</i> t(4;14) <input type="checkbox"/> <i>CCND1::IGH</i> t(11;14) <input type="checkbox"/> <i>RB1</i> (deletion 13q) <input type="checkbox"/> <i>IGH::MAF</i> t(14;16) <input type="checkbox"/> <i>TP53</i> (deletion 17p)
<input type="checkbox"/> CLL Panel <input type="checkbox"/> <i>MYB</i> (deletion 6q) <input type="checkbox"/> <i>ATM</i> (deletion 11q) <input type="checkbox"/> <i>CCND1::IGH</i> t(11;14) <input type="checkbox"/> CEP 12 (Trisomy 12) <input type="checkbox"/> D13S319/ <i>LAMP1</i> (deletion 13q) <input type="checkbox"/> <i>TP53</i> (deletion 17p)	
<input type="checkbox"/> ALL Panel <input type="checkbox"/> <i>MYC</i> t(8q24) <input type="checkbox"/> <i>BCR::ABL1</i> t(9;22) <input type="checkbox"/> <i>KMT2A/MLL</i> (11q23) <input type="checkbox"/> <i>ETV6::RUNX1</i> t(12;21)	
<input type="checkbox"/> Lymphoma Panel (Surgical Pathology #): _____ <input type="checkbox"/> <i>BCL6</i> Break Apart t(3q27) <input type="checkbox"/> <i>MYC</i> Break Apart t(8q24) <input type="checkbox"/> <i>IGH</i> Break Apart (14q32) <input type="checkbox"/> <i>IGH::BCL2</i> t(14;18)	<input type="checkbox"/> <i>MYC::IGH</i> t(8;14) <input type="checkbox"/> <i>CCND1::IGH</i> t(11;14) <input type="checkbox"/> <i>BIRC3::MALT1</i> t(11;18)
<input type="checkbox"/> MDM2/CEP12 for Liposarcoma (Surgical Pathology #): _____	

SPECIMEN PROCESSING DATA – FOR LAB USE ONLY

Flow Has _____
 Cytogenetics Has _____
 Molecular Has _____
 Date Received: _____
 Specimen Quality: _____
 Specimen Quantity: _____
 Culture Medium Used: MarrowMAX _____
 Number of Cultures: 1 2 3 _____
 Culture Duration: _____

Instructions for Specimen Collection, Transportation and/or Storage
Please label all tubes with patient name, date of birth and date of collection

Flow Cytometry

Leukemia/Lymphoma Specimens	Tube Type	Handling and Storage Conditions
Peripheral Blood (5ml)	(2) Green Top (Sodium Heparin) (2) Lavender Top (EDTA)	Room Temperature 18-25°C; deliver to Lab within 12 hours
Bone Marrow (0.5 ml min)	(2) Green Top (Sodium Heparin) (2) Lavender Top (EDTA)	Room Temperature 18-25°C; deliver to Lab within 12 hours
Fine Needle Aspirates/FNA	RPMI/15 ml Conical	Refrigerate at 2-8°C; deliver to Lab immediately
Tissues (0.5 cm ³)	RPMI/15 ml Conical	Refrigerate at 2-8°C; deliver to Lab immediately
CSF (3ml)	Sterile Container	Refrigerate at 2-8°C; deliver to Lab immediately
Bronchial Lavage/ BAL (3-5ml)	Sterile Container , Lavender (EDTA) or Green Top (Sodium Heparin)	Refrigerate at 2-8°C; deliver to Lab immediately
Other Body Fluids (3-5ml)	Sterile Container, Lavender (EDTA) or Green Top (Sodium Heparin)	Refrigerate at 2-8°C; deliver to Lab immediately
Subsets/T-cell – Peripheral blood	(1) Lavender Top (EDTA)	Room Temperature 18-25°C; deliver to Lab within 12 hours
CD34 Stem Cells	(1) Lavender Top (EDTA)	Refrigerate at 2-8°C; deliver immediately
PNH – Peripheral blood	(2) Lavender Top (EDTA)	Room Temperature 18-25°C (Lay tube flat); deliver to Lab immediately
MPO	(1) Green Top or Lavender Top (Sodium Heparin or EDTA)	Room Temperature 18-25°C; deliver to Lab within 12 hours

Chromosome Analysis and FISH

Specimen Type	Tube Type	Amount	Handling and Storage Conditions
Peripheral Blood	Green Top (Sodium Heparin)	10 ml	Send to the laboratory ASAP at room temperature 20-25°C. If there is a delay in transportation, store the sample in a refrigerator at 4°C / DO NOT FREEZE
Bone Marrow	Green Top (Sodium Heparin)	Minimum 2 ml with sufficient spicules	
Lymph Node	Sterile specimen container with sterile saline or RPMI 1640.	At least 0.5cm ³ piece separated aseptically	
Tumor tissue	Sterile specimen container with sterile saline or RPMI 1640.	At least 0.5cm ³ piece separated aseptically	
BM/PB smear for FISH analysis	Prepare six smears on a clean positively charged glass slide. 1 smear per probe required. Immediately air dry or send it fresh to the laboratory ASAP.		Send to the laboratory ASAP at room temperature
Tissue block/Slides	4 unstained slides of FFPE tissue section specimen 4-5 micron thick with two unique identifiers, block ID and cut number clearly labeled on the positively charged slides are required. An additional Hematoxylin and Eosin (H&E) slide must be submitted along with the sample clearly marked by a pathologist to denote the area of interest for the FISH study.		Send to the laboratory ASAP at room temperature

Molecular Oncology

Molecular Specimens – IGR, TCR, JAK2, FLT3, CALR, MPL, MYD88, CXCR4	Tube Type	Handling and Storage Conditions
Peripheral Blood (at least 2ml)	Lavender Top (EDTA) or Yellow Top (Citrate)	Room Temperature 20-25°C or refrigerate at 4°C / DO NOT FREEZE
Bone Marrow	Lavender Top (EDTA)	Room Temperature 20-25°C or refrigerate at 4°C / DO NOT FREEZE
Tissues	Cut 10 sections at 5-10 micron thick, place in a 1.5ml microfuge tube or on slides.	Room Temperature 20-25°C
BCR::ABL1– Peripheral blood/Bone Marrow – (at least 3 ml)	Lavender Top (EDTA)	Refrigerate at 4°C. Deliver to lab within 72 hours/ DO NOT FREEZE