Northwell Health® Laboratories

Heme/Oncology Requisition

450 Lakeville Rd., Suite M50 • Lake Success, NY 11042
(516) 719-1000 • 1-800-472-5757

OUTLINED AREAS MUST BE COMPLETED

PATIENT

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: ☐ Self ☐ Spouse ☐ Dependent
GROUP # or NAME		☐ INSURANCE CHANGE
☐ MEDICARE #	☐ MEDICAID #	☐ SELF-PAY

AFFIX TO SPECIMEN CONTAINER

☐ 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.

X _____
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 (Send to CFAM)

Diagnosis/History Info REQUIRED

☐ HLX Flow Cytometry CASE 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)
☐ FTHS Full T-Cell Subset (CD3, CD4, CD8, CD19, CD16,56)
☐ PNH (Lavender top-PB Only)
☐ CD34 Stem Cell (CD34 ABS)
☐ CD3 Absolute

MOLECULAR ONCOLOGY (Send to NSUH Molecular Pathology)

☐ HLX IGR	B-Cell Gene Rearrangement
☐ HLX TCR	T-Cell Gene Rearrangement
☐ HLX BCR	Quantitative *BCR::ABL1* ☐ p210 ☐ p190
☐ HLX JAK2	JAK2 V617F Mutation Quantitative
☐ HLX JAK2RLX	JAK2 Quantitative JAK2 V617F mutation with reflex to Exon 12-15
☐ HLX CALR	CALR Mutation Analysis
☐ HLX MPL	MPL Mutation Analysis
☐ HLX FLT3	FLT3 ITD-TKD Mutation Analysis
☐ HLX WM/LPL	MYD88 and CXCR4 Panel Mutation Analysis
☐ HLX MYD88	MYD88 L265P Mutation Analysis
☐ HLX CXCR4	*CXCR4* C1013G Mutation Analysis

☐ DNA and HOLD BRLI Myeloid Panel
☐ Other: _____

CYTOGENETICS AND FISH (Send to NSUH Cytogenetics)

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

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

☐ **S/P Sex Mismatched Bone Marrow Transplant**
☐ X / Y Probes

☐ **MPD Panel**
☐ *PDGFRA::FIP1L1* fusion *CHIC2* del(4q12)
☐ *PDGFRB* Break Apart (5q32)
☐ *FGFR1* Break Apart (8p11.23)

☐ **CML** - *BCR::ABL1* t(9;22)

☐ **CLL Panel**
☐ *MYB* (deletion 6q)
☐ *ATM* (deletion 11q)
☐ *CCND1::IGH* t(11;14)
☐ CEP12 (Trisomy 12)
☐ D13S319/*LAMP1* (deletion 13q)
☐ *TP53* (deletion 17p)

☐ **Multiple Myeloma Panel**
☐ 1p32*(CDKN2C)*/1q21*(CKS1B)*
☐ *FGFR3::IGH* t(4;14)
☐ *CCND1::IGH* t(11;14)
☐ *RB1* (deletion 13q)
☐ *IGH::MAF* t(14;16)
☐ *IGH::MAFB* t(14;20)
☐ *TP53* (deletion 17p)

☐ **Lymphoma Panel**
(Surgical Pathology #): _____
☐ *BCL6* Break Apart (3q27)
☐ *MYC* Break Apart (8q24)
☐ *IGH* Break Apart (14q32)
☐ *IGH::BCL2* t(14;18)
☐ *MYC::IGH* t(8;14)
☐ *CCND1::IGH* t(11;14)
☐ *BIRC3::MALT1* t(11;18)

☐ ***MDM2*/CEP12 for Liposarcoma** (Surgical Pathology #): _____

☐ **MDS Panel**
☐ -5 /deletion 5q
☐ -7 /deletion 7q
☐ CEP8 (Trisomy 8)
☐ Deletion 20q
☐ *TP53* (deletion 17p)

☐ **AML Panel #1**
☐ -5/ deletion 5q
☐ -7/ deletion 7q
☐ *RUNX1T1::RUNX1* t(8;21)
☐ *KMT2A* Break Apart (11q23)
☐ *PML::RARA* t(15;17)
☐ *CBFB* inv(16)/t(16;16)
☐ *TP53* (deletion 17p)

☐ **AML Panel #2**
☐ *NUP98* Break Apart (11p15.4)
☐ *KMT2A* Break Apart (11q23)

☐ **ALL Panel #1**
☐ *MYC* Break Apart (8q24)
☐ *BCR::ABL1* t(9;22)
☐ *KMT2A* Break Apart (11q23)
☐ *ETV6::RUNX1* t(12;21)

☐ **ALL Panel #2**
☐ *ABL1* Break Apart (9q34)

NSUH Cytogenetics will reference to LIJ Cytogenetics

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: _____

Name of Healthcare Provider Completing Form **Signature** **Date** **Time** **Telephone Number**

Top Copy: Flow Cytometry (516) 719-1023 Email: CFAMFlow@northwell.edu Middle Copy: Molecular Pathology: (516) 562-4179 Email: molecularpathologydivision@northwell.edu
Back copy: Manhasset Cytogenetics (516) 562-3896 Email: CytogeneticsNorthShore@northwell.edu

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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 cm3)	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 / CD3 Absolute	(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

Chromosome Analysis and FISH

Specimen Type	Tube Type	Amount	Handling and Storage Conditions
Peripheral Blood	Green Top (Sodium Heparin)	5-10 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	
Touch Prep, 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	Tube Type	Handling and Storage Conditions
Peripheral Blood (at least 2ml)	Lavender Top (EDTA)	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 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**
Pleural Fluid, submit at least 0.5x10^7 cells	collected in sterile tube	Transport at 4°C
FNA, submit at least 0.5x10^7 cells	collected in sterile tube	Transport at 4°C