Pathology Requisition

2020 Babcock Rd, Suite 30
San Antonio, TX 78229
www.corepath.us
P 1.877.617.4445 | **F** 210.617.4457

PATIENT INFORMATION

Last Name _____

First Name _____ M.I. _____

DOB ____/____/____ Gender: ☐ Male ☐ Female ☐ Other _____

Address _____

City _____ State _____ Zip _____

Phone _____ Patient ID _____

BILLING INFORMATION

Required: Please attach a copy of the patient's insurance and demographic information.

Bill to: ☐ Insurance ☐ Medicare ☐ Referring Facility (Hospital/Client) ☐ Patient

Patient Status: ☐ Inpatient ☐ Outpatient ☐ Non-hospital patient

PHYSICIAN INFORMATION

Authorized Signature _____ Date _____

Please Fax Duplicate Report to Physician _____ Fax _____

CLINICAL INFORMATION (PLEASE PROVIDE DIAGNOSIS/INDICATION/PATIENT HISTORY/CBC/ICD 10 CODES)

SPECIMEN INFORMATION

Date Collected ____/____/____ Time Collected ____:____ ☐ AM ☐ PM Specimen ID _____

BONE MARROW (LEFT/RIGHT)

☐ Aspirate ☐ Clot ☐ Core

Smears # _____ Touch Preps # _____

Green Tops # _____ Purple Tops # _____

PERIPHERAL BLOOD

Smears # _____ Purple Tops # _____ Green Tops # _____

LYMPH NODE _____

FINE NEEDLE ASPIRATE _____

FLUID _____

PARAFFIN BLOCKS # _____

SLIDES _____

OTHER _____

TEST REQUESTED

20/20 CORE EVALUATION REPORT

☐ Pathology Consultation with Morphologic Interpretation and/or Ancillary Studies (Flow Cytometry, Routine Chromosome Analysis, FISH and/or PCR); if clinically indicated.

MORPHOLOGY

☐ Bone Marrow ☐ Blood ☐ Second Opinion ☐ Surgical Pathology

FLOW CYTOMETRY

Please select service: ☐ Global ☐ TC ☐ PC

☐ Acute Leukemia Panel (ALL, AML, MDS, MPN)
☐ Lymphoma Panel (B-NHL, T-NHL, NK Cell Neoplasm, HCL)
☐ Immune Deficiency (HIV)
☐ Other: _____
☐ CLL Panel
☐ Myeloma Panel
☐ PNH Panel

MOLECULAR

☐ Quantitative BCR-ABL p210/p190
☐ ABL1 Kinase Domain Mutation
☐ CALR Mutation Analysis
☐ MPL Mutation Analysis
☐ JAK2 Exon 12-13
☐ JAK2 V617F Mutation Analysis
If negative reflex to:
- ☐ CALR
- ☐ MPL
- ☐ JAK2 Exon 12

☐ T-Cell Clonality Assessment
☐ B-Cell Clonality Assessment
☐ IgVH Hypermutation Analysis
☐ FLT3/NPM1 Mutation Analysis
☐ FLT3 Mutation Analysis
☐ NPM1 Mutation Analysis
☐ cKIT (D816V) Mutation Analysis
☐ PML/RARA Quantitative
☐ CEBPA Mutation Analysis
☐ MLL-PTD Mutation Analysis

☐ MPN Molecular Panel (JAK2 V617F). If negative, reflex to CALR; if negative, reflex to MPL; if negative, reflex to JAK2 Exon 12 Mutation Analysis.

☐ Other: _____

NEXT-GEN SEQUENCING

☐ Myeloid Molecular Panel
☐ MPN Molecular Panel
☐ AML Molecular Panel
☐ MDS Molecular Panel
☐ Lymphoid Molecular Panel
☐ Other: _____

CYTOGENETICS

☐ Routine Chromosome Analysis ☐ Specimen Culture and Hold

FISH PANELS: HEMATOLOGY

☐ ALL ☐ CLL ☐ Myeloma ☐ MPN Eosinophilia
☐ AML ☐ CML ☐ MDS ☐ B-Cell NHL
☐ Specimen Culture and Hold

FISH PROBES: HEMATOLOGY

☐ ALK/Lymphoma (2p23)
☐ ATM (11q22)
☐ BCL6 (3q27)
☐ BCR-ABL/ASS1 t(9;22)
☐ CBFB/MYH11 inv(16)
☐ CKS1B/CDKN2C (1p/1q)
☐ ETV6/RUNX1 t(12;21)
☐ FGFR1 (8p11)
☐ IGH (14q32)
☐ IGH/BCL2 t(14;18)
☐ IGH/CCND1 t(11;14)
☐ IGH/FGFR3 t(4;14)
☐ IGH/MAF t(14;16)
☐ IGH/MYC t(8;14)
☐ MALT1 (18q21)
☐ MLL (11q23)
☐ c-MYC (8q24)
☐ PDGFRA (4q12)
☐ PDGFRB (5q32)
☐ PML/RARA t(15;17)
☐ RUNX1T1/RUNX1 (ETO/AML1) t(8;21)
☐ TP53 (17p13)
☐ 5q-/-5/+5
☐ 6q21/6q23
☐ 7q-/-7
☐ +8
☐ +12
☐ 13q-/-13
☐ 20q-
☐ Other: _____

FISH: SOLID TUMOR

☐ ALK Rearrangement
☐ HER2 Amplification
☐ EWSR1 Rearrangement
☐ MET Amplification
☐ ROS1 Rearrangement
☐ Other: _____

POC PLOIDY

☐ FISH on Formalin Fixed Products of Conception, Common Trisomies and Triploidies, Chromosomes 13/16/18/21/X/Y

LABORATORY USE ONLY

☐ Bone Marrow Clinic Patient

Testing Menu

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FLOW CYTOMETRY

Acute Leukemia Panel (ALL, AML, MDS, MPN): CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11C, CD13, CD14, CD15, CD16, CD19, CD20, CD22, CD23, CD25, CD33, CD34, CD45, CD56, CD57, CD117, CD200, HLA-DR, KAPPA, LAMBDA

Acute Leukemia-Intracytoplasmic Panel: CD3, CD22, CD79a, MPO, TdT

Lymphoma Panel (B-NHL, T-NHL, NK Cell Neoplasms): CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11C, CD16, CD19, CD20, CD22, CD23, CD25, CD34, CD45, CD56, CD57, CD200, HLA-DR, KAPPA, LAMBDA

CLL-Prognostic Panel (Add to Lymphoma Panel): CD3, CD19, CD38, CD45, CD49d

Myeloma Panel (Add to Lymphoma Panel): CD38, CD138, KAPPA(Cy), LAMBDA(Cy)

PNH Panel: CD14, CD15, CD24, CD45, CD59a, CD64, CD235a, FLAER

Immune Deficiency (HIV): CD3, CD4, CD8, CD45

FISH PROBES (CALL 1.877.617.4445 FOR ANY PROBES NOT LISTED HERE)

ALL Panel: BCR/ABL (t(9;22)), D10Z1/D17Z1/CHIC2 (Hyperdiploidy), E2A Break-Apart (E2A Rearrangement), IGH Break-Apart (IGH Rearrangement), MLL Break-Apart (MLL Rearrangement), MYC Break-Apart (MYC Rearrangement), P16/D9Z3 (P16 Deletion), TEL/AML1 (t(12;21))

AML Panel: AML1/ETO (t(8;21)), CBFβ/MYH11 (Inv(16)), EGR1/5p15.31 (5q Deletion), MLL Break-Apart (MLL Rearrangement), P53/D17Z1 (P53 Deletion), PML/RARA (t(15;17)), PTPRT/MYBL2 (20q Deletion), RELN/TES (7q Deletion)

CLL Panel: 13q14.3 (RB1 Deletion), ATM/D11Z1 (ATM Deletion), D12Z1 (Trisomy 12), IGH/CCND1 (t(11;14)), MYB/D6Z1 (6q Deletion), p53/D17Z1 (P53 Deletion)

CML Panel: BCR/ABL1-ASS

Myeloma Panel: 13q14.3 (RB1 Deletion), 5q/-5/+5, CKS1B/CDKN2C, IGH Break-Apart (IGH Rearrangement), IGH/CCND1 (t(11;14)), IGH/FGFR3 (t(4;14)), IGH/MAF (t(14;16)), P53/D1721 (P53 Deletion)

MDS Panel: 13q14.3 (13q Deletion), CEP8 (Trisomy 8), EGR1/5p15.31 (5q Deletion), MLL Break-Apart (MLL Rearrangement), P53/D17Z1 (P53 Deletion), PTPRT/MYBL2 (20q Deletion), RELN/TES (7q Deletion)

MPN Eosinophilia Panel: FIP1L1/CHC2/PDGFRA Deletion/Fusion, FGFR1 Rearrangement, PDGFRB Rearrangement

B-Cell NHL Panel: BCL6 Rearrangement, IGH/BCL2 (t(14;18)), IGH/CCND1 (t(11;14)), MALT1 Rearrangement, MYC Rearrangement

MOLECULAR STUDIES

Quantitative BCR-ABL p210/190
ABL1 Kinase Domain Mutation
CALR Mutation Analysis
MPL Mutation Analysis
JAK2 Exon 12-13
JAK2 V617F Mutation Analysis
MPN Molecular Panel
T-Cell Clonality Assessment
B-Cell Clonality Assessment
IgVH Hypermutation Analysis
FLT3/NPM1 Mutation Analysis
FLT3 Mutation Analysis
NPM1 Mutation Analysis
cKIT (D816V) Mutation Analysis
PML/RARA Quantitative
CEBPA Mutation Analysis
MLL-PTD Mutation Analysis

NEXT-GEN SEQUENCING

Myeloid Molecular Panel: ASXL1, BCOR, BRAF, CALR, CEBPA, CBL, CSF3R, DNMT3A, ETV6, EZH2, GATA2, GNAS, IDH1, IDH2, JAK2, KIT, KRAS, MPL, NF1, NPM1, NRAS, PDGFRa, PDGFRb, PHF6, PTPN11, RAD21, RUNX1, SETBP1, SF3B1, SMC1A, SMC3, SRSF2, STAG2, STAT3, STAT5b, TET2, TP53, U2AF1, WT1, ZRSR2

MPN Molecular Panel: CALR, CSF3R, JAK2, MPL, SETBP1

AML Molecular Panel: ASXL1, BCOR, CEBPA, DNMT3A, EZH2, IDH1, IDH2, KIT, KRAS, NPM1, NRAS, PHF6, RUNX1, SF3B1, SRSF2, STAG2, TET2, TP53, U2AF1, WT1, ZRSR2

MDS Molecular Panel: ASXL1, ETV6, EZH2, RUNX1, TP53

Lymphoid Molecular Panel: ABL1, ALK, ATM, BCL2, BCL6, BCOR, BIRC3, BRAF, BTK, CARD11, CCND1, CD79A, CD79B, CDKN2A, CREBBP, CTCF, CXCR4, DDX3X, EP300, ETV6, EZH2, FAT1, FBXW7, FOXO1, GNA13, GNAI2, HIST1H1E, ID3, IKZF1, ITPKB, JAK1, JAK2, JAK3, KMT2A/MLL, KRAS, MAPK1, MED12, MEF2B, MYC, MYD88, NF1, NOTCH1, NOTCH2, NRAS, P2RY8, PDGFRb, PIK3CD, PIM1, PLCG2, POT1, PRDM1, PTEN, PTPN11, RB1, RHOA, RIPK1, S1PR2, SAMHD1, SF3B1, SGK1, SPEN, SRC, STAT3, STAT5B, SYK, TBL1XR1, TCF3, TNFAIP3, TNFRSF14, TP53, TRAF2, TRAF3, UBR5, XPO1, ZMYM3

PREFERRED SPECIMEN REQUIREMENTS

<table>
<tr><th>Specimen Type</th><th>Flow Cytometry</th><th>Cytogenetics</th><th>FISH[1]</th><th>Molecular[1]</th><th>Immunostains</th></tr>
<tr><td>Peripheral Blood[2]</td><td colspan="3" rowspan="2">Lavender[3] or Green Top[4]</td><td rowspan="2">Lavender Top[3]</td><td>Not Applicable</td></tr>
<tr><td>Bone Marrow</td><td rowspan="2">10% Formalin
or Paraffin Block</td></tr>
<tr><td>Lymph Node
or Tissue (Fresh)</td><td colspan="3">Tissue Media</td><td>Tissue Media RNA Fixative
or 10% Neutral Buffer</td></tr>
<tr><td>Formalin Fixed
Paraffin Embedded</td><td colspan="2">Not Applicable</td><td>Paraffin Block
or Unstained Slides</td><td>Paraffin Block[5]</td><td>Paraffin Block
or Unstained Slides</td></tr>
<tr><td>Fine Needle Aspirate</td><td colspan="4">Tissue Media</td><td rowspan="2">Cell Block</td></tr>
<tr><td>Body Fluid[6]</td><td colspan="4">Sterile Container</td></tr>
</table>

[1] Decalcified samples not suitable | [2] Please provide copy of CBC if available | [3] Lavender Top: EDTA | 4 Green Top: Sodium Heparin | [5] Only for some tests; contact us for details | [6] Minimum of 5 mL is preferred

SPECIMEN HANDLING AND TRANSPORTATION

Storage: All specimens should be stored at room temperature.

Transportation: Please use cold packs for transportation without placing packs in direct contact with specimens. Please fill out the requisition form completely and place all specimens in a CorePath shipping kit using the pre-printed air bills supplied by CorePath.

Schedule a Pick-Up: Call CorePath Laboratories at 1.877.617.4445 to schedule a pick-up. In the San Antonio area, call 210.617.4445 to schedule a courier pick-up.