

Highlighted fields are required information.

**PHYSICIAN INFORMATION**

Ordering Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

CC to Referring Physician: \_\_\_\_\_ FAX#: \_\_\_\_\_

Address: \_\_\_\_\_

**CLINICAL INFORMATION**

CBC Report Enclosed

Disease/Differential: \_\_\_\_\_

Clinical History: \_\_\_\_\_

ICD-9/ICD-10: \_\_\_\_\_

New Diagnosis  Staging  Minimal Residual Disease  Monitoring

Therapy: \_\_\_\_\_

Bone Marrow Transplant (Type and Gender of Donor): \_\_\_\_\_

**TEST REQUEST**

**HEMATOLOGY (Bone Marrow/Blood)**

**FRAMEWORK™** Tabulated synoptic summation of hematopathology diagnosis incorporating clinical, pathology, and molecular tests as deemed medically necessary by our hematopathologists with major relevant findings.

**BONE MARROW FRAMEWORK™**

**PERIPHERAL BLOOD FRAMEWORK™**

Time-Frame™ Review and comparison with previous findings.

**MORPHOLOGY and IMMUNOHISTOCHEMICAL STAINS (IHC)**

**FLOW CYTOMETRY (10 Color Laser Analysis)**

Standard  AML  LGL  MM  PNH  ZAP70

**CHROMOSOME ANALYSIS**

Cytogenetics

**FLUORESCENCE IN SITU HYBRIDIZATION (FISH)**  As Indicated

AML  CML  MM-MGUS  Selected: \_\_\_\_\_  
 ALL  Eosinophilia  MPN  
 CLL  MDS  NHL

**MOLECULAR: POLYMERASE CHAIN REACTION (PCR)**

**CML**

BCR/ABL1 Translocation t(9;22) Quantitative RT-PCR  
 Reflex to ABL1 Kinase  
 ABL1 Kinase Mutation for Gleevec Resistance

**MPN**

JAK2 V617F Mutation Analysis  MPL Mutation Analysis  
 Reflex to JAK2 Exon 12-14  CALR Mutation Analysis  
 JAK2 Exon 12-14 Mutation Analysis  
 MPN Reflex Panel (JAK2 V617F > JAK2 Exon 12-14 > MPL > CALR)

**NHL**

B-Cell Gene Rearrangement  T-Cell Gene Rearrangement

**AML**

AML 4 Gene: (FLT3 ITD/D835; NPM1; CEBPA; KIT D816V)  
 cKIT (D816V) Mutation Analysis  MLL-PTD Mutation Analysis  
 CEBPA Mutation Analysis  NPM1 Mutation Analysis  
 FLT3/NPM1 Mutation Analysis  PML/RARA, t(15;17) Quantitative Analysis

**CLL/SLL**

IgVH Hypermutation Analysis

**NEXT-GENERATION SEQUENCING (NGS)**

AML  MDS  Myeloid  CLL  MPN  NHL

OTHER: \_\_\_\_\_

For selected disease or tests, please see reverse side for specifics.

**PATIENT INFORMATION**

Name (Last, First, Middle): \_\_\_\_\_

Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN/MR#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**BILLING INFORMATION**

Bill:  Insurance  1°  2°  Patient  Client  Medicaid  Medicare  
 Hospital Inpatient  Hospital Outpatient  Non-Hospital Patient  
 Pre-Benefit Screening  ABN  >14 Days from Discharge

Please attach insurance information.

**SPECIMEN INFORMATION**

Specimen ID#(s): \_\_\_\_\_ Body Site: \_\_\_\_\_

Collection Date (mm/dd/yy): \_\_\_\_\_ Time: \_\_\_\_\_

**Peripheral Blood** Green Top(s) \_\_\_\_\_ Purple Top(s) \_\_\_\_\_  
Smears \_\_\_\_\_ Stained (Type) \_\_\_\_\_

**Bone Marrow Aspirate** Green Top(s) \_\_\_\_\_ Purple Top(s) \_\_\_\_\_  
Smears \_\_\_\_\_ Stained (Type) \_\_\_\_\_

**Bone Marrow Biopsy** Core Biopsy \_\_\_\_\_ Clot \_\_\_\_\_  
Touch Preps \_\_\_\_\_ Stained (Type) \_\_\_\_\_

**FFPE Tissue Block(s)** \_\_\_\_\_ Unstained Slide(s): \_\_\_\_\_

**OTHER:** \_\_\_\_\_

Specimen or Tissue/Block enclosed

**HAVE STERLING PATHOLOGY:**

Request for specimen  Release Authorization Form

Specimen Location: \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Specimen ID/Report: \_\_\_\_\_ Archive Retrieval Date: \_\_\_\_\_

**TEST REQUEST**

**CANCER RISK GENETICS (Blood)**

BRCA1/BRCA2  OTHER: \_\_\_\_\_

**SOLID TUMOR (Tissue/Blocks)**

**IMMUNOHISTOCHEMICAL STAINS**

PD-1  PDL-1  OTHER: \_\_\_\_\_ (More on Bottom Reverse Side)

**BREAST**

ER  PR  Ki-67  
 HER2 IHC (1+; 2+; 3+)  HER2 FISH  
 Reflex to HER2 FISH if 2+

**COLORECTAL**

BRAF Mutation Analysis  KRAS Mutation Analysis (Exon 2, Exon 3, Exon 4)  
 MSI Analysis by IHC  Reflex to BRAF when KRAS is negative

**LUNG (NSCLC)**

EGFR Mutation Analysis  Expanded KRAS Mutation Analysis  
 ALK FISH (Exon 2, Exon 3, Exon 4)  
 ROS1 FISH  EGFR FISH  
 MET FISH  FGFR1 – Squamous (FISH)

**MELANOMA**

Cobas BRAF V600  
 Reflex to BRAF, NRAS, c-KIT when Cobas BRAF is negative

**OTHER TUMOR TYPE:** \_\_\_\_\_  **SELECTED TESTS:** \_\_\_\_\_

**TUMOR OF UNKNOWN ORIGIN BY GENOTYPING:** \_\_\_\_\_

**NEXT-GENERATION SEQUENCING (Solid Tumor Tissue/Block)**

Breast  Colon  Lung  Other Cancer Type: \_\_\_\_\_  
 Standard Hot Spot Gene Panel  
 Selected Cancer Genes: \_\_\_\_\_

**SECOND OPINION CONSULTATION**

Stained Slides  Unstained Slides  Block

1. Complete the requisition with all requested information. 2. Remove the required number of labels from the front of this sheet. 3. Place one (1) label on each specimen container (on the lid). 4. Please dispose of unused labels. NOTE: Please label each specimen with patients name.

Peripheral Blood	H021631	Peripheral Blood Smear	H021631	Bone Marrow Smear	H021631	Bone Marrow Smear	H021631
D.O.B. _____		D.O.B. _____		D.O.B. _____		D.O.B. _____	
Pt Name: _____		Pt Name: _____		Pt Name: _____		Pt Name: _____	
Bone Marrow Smear	H021631	Bone Marrow Smear	H021631	Bone Marrow Smear	H021631	Bone Marrow Smear	H021631
D.O.B. _____		D.O.B. _____		D.O.B. _____		D.O.B. _____	
Pt Name: _____		Pt Name: _____		Pt Name: _____		Pt Name: _____	
Bone Marrow Smear	H021631	Bone Marrow Smear	H021631	Clot	H021631	Biopsy	H021631
D.O.B. _____		D.O.B. _____		D.O.B. _____		D.O.B. _____	
Pt Name: _____		Pt Name: _____		Pt Name: _____		Pt Name: _____	
Flow Cytometry	H021631	FISH	H021631	Cytogenetics	H021631	Molecular	H021631
D.O.B. _____		D.O.B. _____		D.O.B. _____		D.O.B. _____	
Pt Name: _____		Pt Name: _____		Pt Name: _____		Pt Name: _____	

\*\*\*For your reference, subject to updates and changes

**HEMATOLOGY FISH PROBES & PROFILES**

<p><b>HEMATOLOGIC FISH PROBES &amp; PROFILES</b></p> <p><b>Acute Myeloid Leukemia (AML)</b> 5q31 deletion/-5 · 7q31 deletion/-7 · Trisomy 8 · t(8;21) (RUNX1T1/RUNX1) · 11q23 (MLL) · t(15;17) (PML/RARA) · 16q22 (CBFB) · 17q21 (RARA)</p> <p><b>Chronic Lymphocytic Leukemia (CLL)</b> 6q deletion (MYB) · t(11;14) (CCND1/IGH) · 11q22.3 deletion (ATM) · 17p13.1 deletion (TP53) · Trisomy 12 · 13q14 deletion/-13</p> <p><b>Chronic Myelogenous Leukemia (CML)</b> t(9;22) (BCR/ABL) with ASS/9q34 deletion</p>	<p><b>Eosinophilia</b> 4q12 deletion/rearr (CHIC2/FIP1L/PDGFRa) · 5q32 rearrangement (PDGFRb) · 5q33 deletion · 8p12 (FGFR1) · 8p11 deletion/duplication · 16q22 inv/del/t(16;16) (CBFB)</p> <p><b>Myeloproliferative Neoplasm (MPN)</b> 4q12 deletion/rearr (CHIC2/FIP1L/PDGFRa) · 5q32 rearrangement (PDGFRb) · 5q33 deletion · 8p12 (FGFR1) · 8p11 deletion/duplication · t(9;22) (BCR/ABL) with ASS/9q34 del</p> <p><b>Myelodysplasia (MDS)</b> 5q31 deletion/-5 · 7q31 deletion/-7 · Trisomy 8 · 20q12 deletion</p>	<p><b>Multiple Myeloma-MGUS (MM-MGUS)</b> Hyperdiploidy of 3, 7, 9, and 11 · 13q14 deletion/-13 14q32 rearrangement (IGH) · t(4;14) (FGFR3/IGH) t(11;14) (CCND1/IGH) · t(14;16) (IGH/MAF) · 17p deletion (TP53)</p> <p><b>Non-Hodgkin Lymphoma (NHL)</b> <i>Anaplastic Large Cell</i>-ALK rearrangement <i>Diffuse Large Cell</i>-BCL6 rearrangement <i>Burkitt</i>-t(8;14) (MYC/CEP 8/IGH) <i>Mantle Cell</i>-t(11;14) (CCND1/IGH) <i>Follicular</i>-t(14;18) (IGH/BCL2) <i>Marginal Zone B-cell</i>-MALT1 rearrangement</p>
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**HEMATOLOGY MOLECULAR GENETICS BY PCR and SEQUENCING**

<p><b>Acute Leukemia</b> <b>Acute Myeloid Leukemia (AML)</b> 16q22 inversion (CBFB) t(8;21) (RUNX1T1/RUNX1) t(9;22) (BCR/ABL MBR and mbr)</p> <p><b>Acute Lymphocytic Leukemia (ALL)</b> t(9;22) (BCR/ABL MBR and mbr)</p> <p><b>Acute Promyelocytic Leukemia</b> t(15;17) (PML/RARA)</p>	<p><b>Chronic Myeloid Leukemia (CML)</b> t(9;22) (BCR/ABL MBR and mbr) PCR (RQ-PCR) Reverse transcriptase quantitative PCR (RQ-PCR) ABL Kinase Mutation Analysis</p> <p><b>Chronic Lymphocytic Leukemia (CLL)</b> IgVH Hypermutation Analysis TP53 Mutation Analysis</p>	<p><b>Myeloproliferative Neoplasm (MPN)</b> JAK2 V617F Mutation Analysis JAK2 Exon 12-14 Mutation Analysis MPL Mutation Analysis CALR Mutation Analysis</p> <p><b>Non-Hodgkin's Lymphoma (NHL)</b> B-cell IGH heavy chain gene rearrangement TCR gamma/T-cell receptor rearrangement t(14;18) (IGH/BCL2)-Follicular lymphoma</p>
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**HEMATOLOGY NEXT GENERATION SEQUENCING (Bone Marrow/Blood)**

<p><b>CANCER-SPECIFIC HEMATOLOGIC PROFILES</b></p> <p><b>Acute Leukemia</b> <b>AML Favorable Risk:</b> FLT3 · KIT</p> <p><b>AML Prognostic:</b> ASXL · BRAF · CEBPA · DNMT3A · ETV6 · FLT · HRAS · IDH1 · DH2 · JAK2 V617F · JAK2 Exon 12+14 · KRAS · MLL · NPM1 · NRAS · PDGFRA · PHF6 · PTPN11 · RUNX1 · SETBP1 · TET2 · TP53 · WT1</p> <p><b>Chronic Lymphocytic Leukemia (CLL)</b> <b>CLL Prognostic:</b> IgVH Mutation · MYD88 · NOTCH1 · SF3B1 · TP53 · CLL FISH Panel · ZAP-70 Flow</p> <p><b>Myelodysplasia (MDS)</b> <b>MDS/CMML:</b> ASXL1 · BCOR · BCORL1 · BRAF · CBL · CEBPA · DNMT3A · ETV6 · EZH2 · FLT3 · HRAS · IDH1 · IDH2 · JAK2 V617F · JAK2 Exon 12+14 · KIT · KRAS · NPM1 · NRAS · PDGFRA · PTEN · PTPN11 · RUNX1 · SETBP1 · SF3B1 · SRSF2 · TET2 · TP53 · U2AF1 · ZRSR2</p>	<p><b>Myeloproliferative Neoplasm (MPN)</b> <b>MPN:</b> ABL1 · ASXL1 · BRAF · CALR · CEBPA · CSF 3R · EZH2 · FLT3 · HRAS · IDH1 · IDH2 · JAK2 V617F · JAK2 Exon 12+14 · KIT · KRAS · MPL · NPM1 · NRAS · PDGFRA · PTEN · PTPN 11 · SETBP1 · SRSF2 · TET2 · U2AF1 · PTEN FISH</p> <p><b>Non-Hodgkin's Lymphoma (NHL)</b> <b>Lymphoma:</b> BCL1 · BCL2 · BRAF · CARD11 · CD79B · EZH2 · MYD88 · NRAS</p> <p><b>Myeloid Disorders</b> ABL1 · ASXL1 · ATRX · BCOR · BCORL 1 · BRAF · CALR · CBL · CBLB · CBLC · CDKN 2A · CEBPA · CSF3R · CUX1 · DNMT3A · ETV6 · EZH2 · FBXW7 · FLT3 · GATA1 · GATA2 · GNAS · HRAS · IDH 1 · IDH2 · IKZF1 · JAK2 V617F · JAK2 Exon 12+14 · JAK3 · KDM6A · KIT · KRAS · MLL · MPL · MYD 88 · NOTCH1 · NPM1 · NRAS · PDGFRA · PHF 6 · PTEN · PTPN11 · RAD21 · RUNX1 · SETBP1 · SF3B1 · SMC1A · SMC3 · SRSF2 · STAG2 · TET2 · TP53 · U2AF1 · WT1 · ZRSR2</p>
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**NEXT GENERATION SEQUENCING (Solid Tumor)**

<p><b>50 Cancer Gene Panel:</b> ABL · AKT1 · ALK · APC · ATM · BRAF · CDH1 · CDKN2A · CSF1R · CTNNB1 · EGFR · ERB2 · ERB4 · EZH2 · FBXW7 · FGFR1 · FGFR2 · FGFR3 · FLT3 · GNAC · GNAS · HNF1A · HRAS · IDH1 · IDH2 · JAK2 · JAK3 · KDR · KIT · KRAS · MET · MLH1 · MPL · NPM1 · NRAS · PTPN11 · RET · NOTCH1 · PDGFRA · PIK3CA · PTEN · PTPN11 · RB1 · SMAD4 · SMARCB1 · SMO · SRC · STK11 · TP53 · VHL</p>
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**MOLECULAR BIOMARKERS (Solid Tumor)**

<p><b>BREAST CANCER PROFILE</b> ER · PR · HER2 (FISH) · with Reflex to HER2 (IHC) if HER2 (FISH) is equivocal</p> <p><b>COLON CANCER PROFILE</b> KRAS Mutation · NRAS Mutation · BRAF Mutation · MSI <b>Comprehensive:</b> KRAS · BRAF · EGFR Expression · PI3K · TS · ERCC1 · UGT1A1 · NRAS · MSI · VEGFR2 · MET (by FISH). <b>Lynch Syndrome Testing:</b> MSI by PCR and/or MMR Profile by IHC (MLH1, MSH6, PMS2)</p> <p><b>GASTRIC CANCER PROFILE</b> HER2 (FISH) · ERCC1 · cKit · TS</p>	<p><b>MELANOMA PROFILE</b> BRAF · NRAS · cKIT</p> <p><b>LUNG CANCER PROFILE</b> EGFR Mutation · ALK (FISH) · ROS1 (FISH) · May Reflex to comprehensive lung profile if driver profile results are all negative. <b>Expanded:</b> EGFR Mutation · ALK (FISH) · ROS1 (FISH) · BRAF · RET (FISH) · MET (FISH) · HER2 Mutation</p> <p><b>THYROID CANCER</b> <b>Thyroid Profile:</b> RET (FISH) · KRAS · PMS2 *All KRAS are expanded testing with Exon 2, 3, and 4</p>
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**IMMUNOHISTOCHEMICAL STAINS (Solid Tumor)**

<p>ALK-1 · AR · BCL1/Cyclin D1 · BCL2 · BRCA1 · Calretinin · Cathepsin D · CD19 · CD20 · CD117 · Cleaved Caspase-3 · C-MET · cMyc · COX2 · CXCR4 · Cyclin E · DOG1 · EGFR · eIF4E · ER · ERCC1 · ERG · Geminin · GSTπ · HER2 · Ki-67 · MDR1 · MGMT · MLH1 · MSH2 · MSH6 · p21 · p27 · p53 · pAKT · PDGFRA · PDGFRB · PHH3 · PMS2 · PR · PTEN · Retinoblastoma Protein · Survivin · Tau · TGF-α · TS · VEGF · ZAP-70</p>
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\*Please circle test selected as indicated with initials.

Ordering physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_