



CLIENT INFORMATION		ORDERING PHYSICIAN INFORMATION					
		Ordering Provider		Copy To Provider			
		NPI		NPI			
		Tel	Fax	Tel	Fax		
PATIENT INFORMATION							
Name (Last, First, MI)		DOB / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
Address (City, State, Zip)		Tel		Client Patient ID			
SSN							
BILLING INFORMATION							
<input type="checkbox"/> Facility <input type="checkbox"/> Insurance <input type="checkbox"/> Patient		Insurance Company (Attach copy of Insurance info)		Policy #			
Group #							
Place of Service <input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> On-Campus Hospital Outpatient <input type="checkbox"/> Off-Campus Hospital Outpatient <input type="checkbox"/> Physician Office							
CLINICAL AND SPECIMEN INFORMATION							
Diagnosis Codes _____		Specimen Source		Specimen ID			
Included <input type="checkbox"/> CBC <input type="checkbox"/> Pathology report							
Collection Date/Time / / _____ <input type="checkbox"/> am <input type="checkbox"/> pm							
Clinical Diagnosis/Reason for Referral		<input type="checkbox"/> Blood <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Aspirate <input type="checkbox"/> Core Biopsy <input type="checkbox"/> Clot		<input type="checkbox"/> Fresh Tissue <input type="checkbox"/> FNA <input type="checkbox"/> Fluids Source <input type="checkbox"/> Other Source _____			
				Required for Breast Cancer Diagnostics: <input type="checkbox"/> Zinc Fixed <input type="checkbox"/> B-Plus Fixed <input type="checkbox"/> 10% Neutral Buffered Formalin <input type="checkbox"/> Time to Tissue Fixation: _____ <input type="checkbox"/> Tissue Fixation Time: _____			
				FFPE # of Blocks _____ # of Slides _____ <input type="checkbox"/> Exhaust Block if necessary <input type="checkbox"/> Call before exhausting Block			
PATHOLOGY & COMPREHENSIVE EVALUATION (STRATAFLEX)							
<input type="checkbox"/> BMPE Bone Marrow Pathology Evaluation		STRATAFLEX: MPLN Hematopathologists utilize MPLN's Strategic Reflex Testing approach to laboratory medicine and will recommend only the most appropriate reflex testing. All clinically relevant findings and analysis are provided in an integrated report.					
<input type="checkbox"/> SPC Surgical Pathology Consultation							
<input type="checkbox"/> FLOW M (Global Flow Cytometry with morphology; peripheral blood only; client bill only)							
FLOW CYTOMETRY			MOLECULAR ONCOLOGY				
Select one: <input type="checkbox"/> FLOW Global – Leukemia / Myeloma / Lymphoma <input type="checkbox"/> FLOW TC Technical Only – Leukemia / Myeloma / Lymphoma <input type="checkbox"/> If CLL clone identified, reflex to F CLL, M IgVH, and M TP53 <input type="checkbox"/> FLOW PNH Paroxysmal Nocturnal Hemoglobinuria (PNH) – High Sensitivity		For abbreviated panels Select one: <input type="checkbox"/> Lymphoid markers only <input type="checkbox"/> B-cell/plasma cell markers only <input type="checkbox"/> Residual disease / other (please specify below) _____		<input type="checkbox"/> M AML (ASLX1, DNMT3A, FLT3, IDH1, IDH2, KIT, NPM1, RUNX1, TET2, TP53, WT1) <input type="checkbox"/> M FLT3 <input type="checkbox"/> M B-CELL Ig Heavy Chain Gene Rearrangement <input type="checkbox"/> M TCR T-cell Receptor Gamma Gene Rearrangement <input type="checkbox"/> M BCR ABL BCR/ABL1 qRT PCR <input type="checkbox"/> M IgVH Somatic Hypermutation Analysis (CLL) <input type="checkbox"/> M TP53 (Exons 2-11)			
<input type="checkbox"/> FLOW BAL Bronchoalveolar Lavage (CD4/CD8 ratio)		<input type="checkbox"/> M JAK2 V617F Mutation by PCR with reflex to <input type="checkbox"/> M MYELOID EXTENDED <input type="checkbox"/> M MYD88 (p. L265P) Mutation <input type="checkbox"/> M KIT P* (D816V Mutation) by PCR for Mastocytosis <input type="checkbox"/> M MYELOID EXTENDED (JAK2 (V617F and Exon 12), CALR (Type 1 & 2), MPL, ASXL1, CBL, CSF3R, DNMT3A, ETV6/TEL, EZH2, IDH1, IDH2, KIT, KRAS, NRAS, RUNX1, SETBP1, SF3B1, SRSF2, STAG2, TET2, TP53, UZF1, ZRSR2)					
CYTOGENETICS			BREAST PROGNOSTIC MARKERS				
<input type="checkbox"/> CYTO BM Chromosome Analysis on Bone Marrow <input type="checkbox"/> CYTO LPB Chromosome Analysis on Leukemic Peripheral Blood (Oncology)		<input type="checkbox"/> CYTO LN Chromosome Analysis for Lymphoma (Lymph Node or other tissue)		<input type="checkbox"/> I ER Estrogen Receptor <input type="checkbox"/> I HER2 HER2/Neu (IVD) Reflex to: <input type="checkbox"/> FP HER2/Neu <input type="checkbox"/> I Ki67 Cell Proliferation Marker			
				<input type="checkbox"/> IP53 Tumor Suppressor Gene Protein <input type="checkbox"/> IPR Progesterone Receptor			
FLUORESCENT IN SITU HYBRIDIZATION (FISH)			SOLID TUMOR MOLECULAR				
<input type="checkbox"/> F AML ETO t(8;21) <input type="checkbox"/> F AML FRONTLINE Acute Myeloid Leukemia Panel 5pq, 7/7q, t(8;21), CBFβ, KMT2A <input type="checkbox"/> F AML SECONDARY MECOM, NUP98, t(6;9), t(9;22), TP53 <input type="checkbox"/> F BCL1 IGH/CCND1 t(11;14) <input type="checkbox"/> F BCL2 IGH/BCL2 t(14;18) <input type="checkbox"/> F BCL3 19q13.3 Rearrangement <input type="checkbox"/> F BCL6 3q27 Rearrangement <input type="checkbox"/> F BCR/ABL t(9;22) Reflex to: <input type="checkbox"/> M JAK2 V617F Mutation <input type="checkbox"/> F BURKITT “Double Hit” Large B-cell Lymphoma Panel [CMYC, t(8;14), BCL2, BCL6] <input type="checkbox"/> F CBFβ t(16;16), inv(16) <input type="checkbox"/> F CLL Chronic Lymphocytic Leukemia Panel <input type="checkbox"/> F CMYC 8q24 Rearrangement <input type="checkbox"/> F MYC::IGH t(8;14)		<input type="checkbox"/> F EOS Eosinophilia Panel (4q12, PDGFRB, FGFR1) <input type="checkbox"/> F DEK::NUP214 t(6;9) <input type="checkbox"/> F FGFR1 8p11.2 Rearrangement <input type="checkbox"/> F IGH MALT1 t(14;18) <input type="checkbox"/> F IRF4 6p25 Rearrangement <input type="checkbox"/> F MALT1 18q21 Rearrangement <input type="checkbox"/> F MECOM 3q26.2 Rearrangement <input type="checkbox"/> F MDS Myelodysplastic Syndrome Panel <input type="checkbox"/> F MLL KMT2A 11q23 Rearrangement <input type="checkbox"/> F MM Multiple Myeloma Panel <input type="checkbox"/> F MPD Myeloproliferative Neoplasm Panel (9;22 included) <input type="checkbox"/> F NUP98 11p15 Rearrangement <input type="checkbox"/> F 4q12 FIP1L1/CHIC2/PDGFRα Rearrangement <input type="checkbox"/> F PDGFRβ 3q32 Rearrangement <input type="checkbox"/> F PRDM16 1p36.32 Rearrangement <input type="checkbox"/> F PML/RARA t(15;17) <input type="checkbox"/> F URO Bladder Cancer Panel [+3, +7, +17, 9p21-] <input type="checkbox"/> F ETV6::RUNX11 t(12;21)		<input type="checkbox"/> M BRAF (Exon 15) <input type="checkbox"/> M EGFR (Exons 12, 18 - 21) <input type="checkbox"/> M KRAS (Exons 2, 3, 4) <input type="checkbox"/> M NRAS (Exons 2, 3, 4)		<input type="checkbox"/> M COLON NGS Colorectal- BRAF, KRAS, NRAS	
			SOLID TUMOR FISH / IHC				
				<input type="checkbox"/> FP ALK 2p23 Rearrangement <input type="checkbox"/> FP HER2/Neu Breast <input type="checkbox"/> FP HER2 GA HER2/neu Gastric <input type="checkbox"/> FP BURKITT “Double Hit” Large B-cell Lymphoma Panel [CMYC, t(8;14), BCL2, BCL6] <input type="checkbox"/> FP IRF4 6p25 Rearrangement			
				<input type="checkbox"/> FP MALT1 18q21 Rearrangement <input type="checkbox"/> I MSI Microsatellite instability profile (Mismatch repair) <input type="checkbox"/> I PD-L1 Clone SP263, tumor prognostic marker <input type="checkbox"/> FP ROS1 6p22 Rearrangement			
COMMENTS							

Please Note: Many payers, including Medicare and Medicaid, have medical necessity requirements. You should only order tests which are medically necessary for the diagnosis and treatment of the patient. Thank you.