



DT101

HEMATOLOGY / ONCOLOGY PATHOLOGY REQUISITION

PATIENT	NAME: Last / First	
	STREET / APT #:	
	CITY / STATE / ZIP:	
	PHONE #:	DATE OF BIRTH:
	SOCIAL SECURITY #:	SEX: ☐ Male ☐ Female
BILLING INFORMATION ATTACH INSURANCE FACE SHEET IF AVAILABLE		
INSURANCE - PRIMARY Please attach copy of insurance card		
CARRIER:	SUBSCRIBER:	DOB:
☐ Commercial ☐ HMO ☐ Medicare ☐ Medicaid	INSURANCE ID #:	GP #:
INSURANCE - SECONDARY		
CARRIER:	INSURANCE ID #:	

PHYSICIAN	PROCEDURE DATE:
	DOCTOR NAME:
	PRE-OPERATIVE DX / ICD-10 CODE:

CLINICAL INFO:

SPECIMEN TYPE: ☐ BM ☐ PB ☐ FNA
☐ Lymph Node ☐ Body Fluid

☐ **BONE MARROW MORPHOLOGY**
(Core & Clot in Formalin, Smears in Slide Carrier)
☐ Analysis: Core / Clot / Smears
☐ Please Return Smears

☐ FLOW CYTOMETRY (FCM)

FCM PANELS
(2mL heparinized/EDTA marrow, 5mL heparinized/EDTA blood)

☐ Acute Leukemia	AML / ALL
☐ Myelodysplasia	MDS
☐ PNH - Peripheral Blood	
☐ Myeloproliferative	CML / Other
☐ Lymphoma B & T / Chronic Leukemia	(CLL)
☐ Plasma Cell Dyscrasia	
☐ Other: _____	

☐ CYTOGENETICS (CG) (2mL heparinized/EDTA marrow, 5mL heparinized/EDTA blood)

☐ REFLEX TO FISH PROBES IF CG NEGATIVE

* Each test can be ordered separately
or as a panel

☐ MOLECULAR STUDIES

☐ FISH PROBES

☐ BCR-ABL t(9;22)	CML/AML/ALL
☐ PML-RARA t(15;17)	AML-M ₃ /APL
☐ CBFB inv(16)	AML-M ₄ eo
☐ AML ₁ /ETO t(8;21)	AML-M ₂
☐ BCL ₁ /IGH t(11;14)	MCL
☐ IGH/BCL ₂ t(14;18)	FCL
☐ MDS Panel*	11q23, +8, -5/5q-, -7/7q-, 20q-
☐ Myeloma Panel*	RB1, p53, t(11;14), t(4;14), 14q32, t(14;16)
☐ CLL Panel*	+12, ATM, t(11;14), RB1, p53
☐ MDS Panel, Reflex if CG Neg	-(14;16)
☐ BCL6/IGH	
☐ MYC/IGH	
☐ High Grade Lymphoma (HGL) Panel	
☐ UroVysion	

☐ PCR / RT-PCR - LAVENDER TUBE

☐ BCR/ABL	☐ NPM
☐ JAK-2	☐ CEBPA
☐ PML - RARA t(15;17)	☐ C KIT
☐ RCBFB inv(16)	☐ Other
☐ IGH B-cell Clonality	
☐ T Gamma T-cell Clonality	
☐ FLT3	
☐ Other	

☐ DNA SEQUENCING/MUTATION ANALYSIS

☐ CLL: IGHV Mutation

Patient Signature: _____ Date: _____ Time: _____

Physician Signature: _____ UPIN#: _____ Date: _____ Time: _____

NOT PART OF THE PERMANENT RECORD

LAB USE ONLY

☐ Core ☐ Aspirate / G / L
☐ Clot ☐ Smears