DUHS CLINICAL LABORATORIES – HEMATOPATHOLOGY SERVICES MP-1069V-05

COMBINED TEST REQUISITION FOR INTERNAL CLIENTS ◆ 684-5822 REV. 8.17.09 SE

PATIENT INFORMATION

PATIENT LAST NAME FIRST NAME

SEX: M ☐ F ☐ DUKE HISTORY #

PATIENT SOC. SEC. PATIENT D.O.B.

Required if no Duke Hx #

CLIENT INFORMATION

PHYSICIAN CLIENT # PHYSICIAN TELEPHONE #

PHYSICIAN NAME AND ADDRESS:

STREET ADDRESS

CITY STATE ZIP

REQUESTING PHYSICIAN (PLEASE PRINT)

REFERRING PHYSICIAN (PLEASE PRINT)

SPECIMEN COLLECTION

COLLECTION DATE:_____/_____/_____

DRAW TIME:_____

SPECIMEN TYPE:

☐ Bone Marrow* *7 Unstained bone marrow aspirate coverslips required
*1 Unstained peripheral blood smear required
☐ FNA
☐ Peripheral Blood
☐ Paraffin Block
☐ Lymph Node
☐ Solid Tumor
☐ **OTHER:**_____

CLINICAL INFORMATION (Required)

(Required)

Clinical Diagnosis:_____

ABC Results: WBC_____ % Lymph _____ Hgb/Hct _____

☐ **Attached** MCV_____ RDW_____ Pit. Ct._____

Clinical History:
History of Malignancy

Type:_____

Site:_____

☐ Splenomegaly ☐ Lymphadenopathy

Treatment:
☐ None ☐ Chemo. ☐ Rad. ☐ BMT Sex Mismatched

Indications for Study:
☐ Cytopenia(s) ☐ Myelodysplasia ☐ Anemia
☐ Monoclonal Gammopathy ☐ Chronic Leukemia ☐ Acute Leukemia
☐ Myeloproliferative Disorder ☐ Lymphoma ☐ Carcinoma

HISTOLOGY REQUESTED

Morphologic Interpretation (w/special stains)

☐ Bone Marrow Core
☐ Bone Marrow Clot
☐ Bone Marrow Aspirate

SPECIAL REQUESTS FOR PEDIATRIC SPECIMENS

☐ **PLEASE SEND STAINED SLIDE BACK TO:**

- ☐ **Children's Health Center Lab**
- ☐ **CPED (Duke North)**
- ☐ **Stain one slide in CPED immediately for physician review**
- ☐ **Courier will pick-up green dot slide**

Name (Pager ID#)

MOLECULAR PATHOLOGY TESTS REQUESTED

FAX REQUISITION TO PERFORMING LAB

Flow Cytometry Studies: Phone 919-684-2725
(FAX to 919-684-2062)

☐ Immunophenotyping Bone Marrow – must be drawn in heparanized syringe and transferred to "no additives" tube

☐ Immunophenotyping Peripheral Blood (Leukemia/Lymphoma) (Purple & Green Tops Required)

☐ Immunophenotyping – **OTHER:**_____

☐ CD4 (Purple Top Required – ABC/Diff Required)

Cytogenetic Studies: Phone 919-684-6426
(FAX to 919-681-7072)
Bone marrow must be drawn in heparanized syringe and transferred to "no additives" tube. Blood should be Green Top (Sodium Heparin)

☐ Chromosome Analysis
☐ Chromosome Analysis (Solid Tumor/Biopsy)
☐ FISH ☐ STAT – Must call lab at 684-6426. After hours page director at 970-1847. Check at least one of the following:

☐ t(11;14) CCND1/IGH ☐ CLL Panel (TP53,ATM,CEP12,13q14,13q34)
☐ t(14;18) IGH/BCL2 ☐ t(15;17) PML/RARA ☐ 11q23 MLL
☐ t(8;14) MYC/IGH ☐ t(9;22) BCR/ABL1 ☐ CEP8
☐ -5/del(5q) ☐ -7/del(7q) ☐ del(20q)
☐ XY ☐ Other:_____

Multiple Laboratory Studies: Phone 919-684-6426
(FAX to 919-681-7072)

☐ AML Panel (Purple & Green Tops Required)
- Chromosome Analysis with reflex to NPM1 Mutation Analysis if normal
- FLT3 Mutation Analysis

Molecular Studies → Purple Top Required: Phone 919-684-2698
(FAX to 919-668-5424)

☐ B Cell Gene Rearrangement/Clonality (B Cell IgH/Kappa Chain PCR)
☐ T Cell Gene Rearrangement/Clonality (T Cell Gamma/Beta Chain PCR)
☐ IGH/CLL Hypermutation Analysis
☐ TP53 Mutation Analysis
☐ Nucleic Acid Extraction and Storage
☐ BCR/ABL1 t(9;22) – Quantitative PCR
☐ ABL1 Kinase Domain Mutation Analysis
☐ EBV (Epstein Barr Virus) Quantitative PCR
☐ FLT3 Mutation Analysis
☐ NPM1 Mutation Analysis
☐ JAK2 V617F Mutation Analysis
☐ Bone Marrow Engraftment (BME) by short tandem repeat (STR) analysis
  ☐ BME - Pre-Transplant Recipient Sample
  ☐ BME - Donor Sample
  Donor For:_____
  ☐ BME Post Transplant (BME Engraftment by STR) PCR
    ☐ Whole ☐ CD3+ ☐ CD15+