

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: _____

FAX REQUISITION TO PERFORMING LAB

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

Immunophenotyping Bone Marrow – must be drawn in heparinized 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 heparinized syringe and transferred to “no additives” tube.

Blood should be Tan 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:

<input type="checkbox"/> CCND1/IGH	<input type="checkbox"/> CLL Panel	<input type="checkbox"/> XY
<input type="checkbox"/> IGH/BCL2	<input type="checkbox"/> PML/RARA	<input type="checkbox"/> MLL
<input type="checkbox"/> MYC/IGH	<input type="checkbox"/> BCR/ABL1	<input type="checkbox"/> CEP8
<input type="checkbox"/> -5/del(5q)	<input type="checkbox"/> -7/del(7q)	<input type="checkbox"/> del(20q)

Other: _____

Molecular Studies → Phone 919-684-2698 (FAX to 919-668-9173)

B Cell Gene Rearrangement/Clonality (B Cell Igh/Kappa Chain PCR)

T Cell Gene Rearrangement/Clonality (T Cell Gamma/Beta Chain PCR)

MYD88 Mutation Analysis

IGH/CLL Hypermutation Analysis

DNA Extraction and Storage

BCR/ABL1 t(9;22) – Quantitative PCR

ABL1 Kinase Domain Mutation Analysis

KIT Targeted Mutation Analysis for GIST or melanoma

NPM1 Targeted Mutation Analysis

JAK2 V617F Mutation Analysis

TP53 Gene Sequencing

KRAS Targeted Mutation Analysis

Reflex to BRAF V600E & NRAS Mutation analysis if KRAS negative

EGFR Targeted Mutation Analysis

IDH1 Targeted Mutation Analysis with reflex to IDH2

TERT Targeted 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+

CLINICAL INFORMATION (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:

<input type="checkbox"/> Cytopenia(s)	<input type="checkbox"/> Myelodysplasia	<input type="checkbox"/> Anemia
<input type="checkbox"/> Monoclonal Gammopathy	<input type="checkbox"/> Chronic Leukemia	<input type="checkbox"/> Acute Leukemia
<input type="checkbox"/> Myeloproliferative Disorder	<input type="checkbox"/> Lymphoma	<input type="checkbox"/> 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

