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# MOLECULAR REQUISITION

EIN: 20-4506043 | CLIA: 10D1055514



Patient Information			
Last	First	MI	
DOB	SSN	<input type="checkbox"/> F <input type="checkbox"/> M	
Address			
City	State	ZIP	Phone
Physician Information		Institution:	
Submitted by: <input type="checkbox"/> Dr. _____			
Address:		Reporting Method <input type="checkbox"/> Online (Report Viewer) <input type="checkbox"/> Fax	
Copy to:		Fax:	

Billing	
<input type="checkbox"/> Insurance	<input type="checkbox"/> Hospital non-patient
<input type="checkbox"/> Hospital in-patient	<input type="checkbox"/> Client Bill
Insurance Information (complete this section and/or use check boxes below)	
Name of Carrier	Phone #
Carrier Address	
Policy #	Group/Plan #
Name of Insured (if not same as patient)	
DOB of Insured	Relationship to Patient
<input type="checkbox"/> SEE ATTACHED	<input type="checkbox"/> Secondary insurance exists. Please include a second sheet.

Clinical Notes:

Specimen Information														
Collection Date	Case #	Block #	Specimen Source	# Blocks	#H&E Stains	#Unstained Slides	#Stained Slides	#Peripheral Blood Green Tops	# Peripheral Blood Lavender Tops	# Bone Marrow Green Tops	#Bone Marrow Lavender Tops	# Bone Marrow Core Bx	# Bone Marrow Clot Bx	Fresh Tissue

The ordering physician requests the interpretation of molecular diagnostic testing.

IHC Panels												T = Technical Only   G = Global (Technical & Interpretation)					
IHC	T	G	Block #	IHC	T	G	Block #	IHC	T	G	Block #	IHC	T	G	Block #		
ER / PR	<input type="checkbox"/>	<input type="checkbox"/>		ER / PR / HER2	<input type="checkbox"/>	<input type="checkbox"/>		ER / PR / HER2 / Ki67	<input type="checkbox"/>	<input type="checkbox"/>		ER / PR / HER2 / Ki67 / P53	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Reflex to HER2 by FISH																	

FISH PANELS
<input type="checkbox"/> MDS = 5q33/5p15.2/CEN7, Cen 8, 20q12
<input type="checkbox"/> MM = 13q, 17p, IgH BAP, 1p/1q Gain, Trisomy 5, Trisomy 9, Trisomy 15 (Reflex: If IgH is positive, will reflex to IgH/CCND1, IgH/FGFR3, IgH/MAF)
<input type="checkbox"/> CLL = 11q Del, 17p, Trisomy 12, 13q del, t(11;14)
<input type="checkbox"/> NHL = IgH BAP, BCL2 BAP, BCL6 BAP, MYC BAP, t(11;14)
<input type="checkbox"/> ALL = t(9;22), MLL, IgH BAP, MYC BAP
<input type="checkbox"/> AML = t(8;21), MLL, CBFB, t(15;17), Cen 8, 20q12
<input type="checkbox"/> Double Hit Lymphoma = BCL6, MYC, IgH/BCL2
<input type="checkbox"/> ALK/ROS1

FISH Probes		
<input type="checkbox"/> 4q12 Del	<input type="checkbox"/> FOXO1	<input type="checkbox"/> MYC (BAP)
<input type="checkbox"/> BCL2 (BAP)	<input type="checkbox"/> HER2	<input type="checkbox"/> Oligodendroglioma (1p/19q)
<input type="checkbox"/> BCL6 (BAP)	<input type="checkbox"/> HER2 (IHC&FISH)	<input type="checkbox"/> PDGFRB
<input type="checkbox"/> Biliary Tract Malignancy	<input type="checkbox"/> IgH/BCL2 (DF)	<input type="checkbox"/> Ploidy
<input type="checkbox"/> BRAF (7q34)	<input type="checkbox"/> IgH/CCND1 (DF)	<input type="checkbox"/> PML/RARA (DF)
<input type="checkbox"/> CIC (19q13)	<input type="checkbox"/> IgH/MYC (DF)	<input type="checkbox"/> RET (10q11)
<input type="checkbox"/> Ewing Sarcoma (EWSR)	<input type="checkbox"/> MALT Lymphoma	<input type="checkbox"/> SS18 (SYT)
<input type="checkbox"/> FGFR1	<input type="checkbox"/> MDM2	<input type="checkbox"/> UroVysion

Molecular Oncology Panels (All panels include a comprehensive NGS tumor mutation profiling of over 400 genes)							
<input type="checkbox"/> LUNG CA PANEL:	<input type="checkbox"/> ALK (FISH)	<input type="checkbox"/> BRAF (PCR)	<input type="checkbox"/> EGFR (NGS)	<input type="checkbox"/> KRAS (PCR)	<input type="checkbox"/> RET (FISH)	<input type="checkbox"/> ROS1 (FISH)	
<input type="checkbox"/> COLON CA PANEL:	<input type="checkbox"/> BRAF (PCR)	<input type="checkbox"/> KRAS (PCR)	<input type="checkbox"/> MLH1 (PCR)	<input type="checkbox"/> MSI (PCR)	<input type="checkbox"/> NRAS (PCR)	<input type="checkbox"/> UGT1A1 (PCR)	
<input type="checkbox"/> GLIOMA CA PANEL:	<input type="checkbox"/> 1P19Q (FISH)	<input type="checkbox"/> ATRX (IHC)	<input type="checkbox"/> BRAF (FISH)	<input type="checkbox"/> BRAF (PCR)	<input type="checkbox"/> IDH1/IDH2 (PCR)	<input type="checkbox"/> MGMT (PCR)	<input type="checkbox"/> P53 (FISH)
<input type="checkbox"/> MELANOMA PANEL:	<input type="checkbox"/> BRAF (PCR)	<input type="checkbox"/> KIT (PCR)	<input type="checkbox"/> NRAS (PCR)				
<input type="checkbox"/> GIST PANEL:	<input type="checkbox"/> BRAF (PCR)	<input type="checkbox"/> KIT (PCR)	<input type="checkbox"/> PDGFRA (PCR)				

Molecular (PCR)						
<input type="checkbox"/> APOE Genotyping	<input type="checkbox"/> CF Carrier Screening	<input type="checkbox"/> FLT3	<input type="checkbox"/> KIT (D816V)	<input type="checkbox"/> MGMT	<input type="checkbox"/> PAX/FOXO1	<input type="checkbox"/> UGT1A1
<input type="checkbox"/> B-Cell Clonality	<input type="checkbox"/> EGFR	<input type="checkbox"/> Hemochromatosis	<input type="checkbox"/> KIT (Exons 9, 11,13,17)	<input type="checkbox"/> MPL	<input type="checkbox"/> PDGFRA	<input type="checkbox"/> Other
<input type="checkbox"/> BCR/ABL	<input type="checkbox"/> EWSR1/ATF1	<input type="checkbox"/> IDH1/IDH2	<input type="checkbox"/> KIT (Exons 11,13,17)	<input type="checkbox"/> MSI	<input type="checkbox"/> PML/RARA	<input type="checkbox"/> Other
<input type="checkbox"/> BRAF (V600E/V600K)	<input type="checkbox"/> EWSR1/FLI1 & EWSR1/ERG	<input type="checkbox"/> IgH/BCL2	<input type="checkbox"/> KIT AML (Exons 8,17)	<input type="checkbox"/> MTHFR	<input type="checkbox"/> Prothombin	<input type="checkbox"/> Other
<input type="checkbox"/> CALR	<input type="checkbox"/> EWSR1/WT1	<input type="checkbox"/> JAK2 (V617F)	<input type="checkbox"/> KRAS	<input type="checkbox"/> MYD88	<input type="checkbox"/> SYT/SSX	<input type="checkbox"/> Other
<input type="checkbox"/> CEBPA	<input type="checkbox"/> Factor V	<input type="checkbox"/> JAK2 (Exon 12)	<input type="checkbox"/> MLH1	<input type="checkbox"/> NPM1	<input type="checkbox"/> T-Cell	<input type="checkbox"/> Other

Next Generation Sequencing Panels			
<input type="checkbox"/> Liquid Trace: Solid Tumor Profile	<input type="checkbox"/> Solid Tumor Profile Plus	<input type="checkbox"/> Solid Tumor Profile	<input type="checkbox"/> Solid Tumor Fusion / Expression Profile
<input type="checkbox"/> Liquid Trace: Hematology Profile	<input type="checkbox"/> Hematology Profile Plus	<input type="checkbox"/> Hematology Profile	

Consultation (Perform Medically Necessary IHC and/or Ancillary Studies) / Pertinent Clinical History
<input type="checkbox"/> Simple Consultation ( Consultation + 1 to 4 stains)
<input type="checkbox"/> Complex Consultation ( Consultation + 5 to 8 stains)

Note for Pathologist: If consultation requires additional workup then what is approved above, please contact client.