CAIRO DIAGNOSTICS

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Test Requisition Form

Requisition Number: T- 20001

Date: / / 20__ __

❍ Call ❍ Fax

PATIENT INFORMATION

Name:

D.O.B (Age): Sex: ❑ M ❑ F

Address:

City, State, Zip:

Med Rec#/Patient ID#: SSN:

Phone Number:

PHYSICIAN INFORMATION

Referring MD:

Tel: Fax:

COMPREHENSIVE EVALUATION

Morphologic Evaluation:

❍ Peripheral blood CBC and morphology for abnormal CBC

❍ Bone marrow biopsy ❍ Clot ❍ Smears

❍ Tissue biopsy ❍ Outside slides ❍ FNA

Flow Cytometry:

❍ LPD ❍ Lymphoma ❍ Myeloma

❍ ALL ❍ MDS/AML ❍ MRD

❍ PNH ❍ LGL ❍ Others

Cytogenetics/FISH:

❍ Karyotyping and/or FISH as determined by hematopathologist

❍ Karyotyping

❍ FISH (MDS/Leukemia/Lymphoma/Myeloma and target gene analysis)

Molecular:

❍ JAK2 mutation ❍ CALR ❍ MPL ❍ BCR-ABL

❍ B-cell gene rearrangement ❍ T-cell gene rearrangement

❍ Additional Molecular Studies (write in the box below)

Immunohistochemistry:

❍ Specifiy antibodies or differential diagnosis in box below

❍ Breast Prognostic Markers: (ER, PR, Ki-67, HER-2/neu)

❍ Lymphoma classification

SERVICE REQUESTED

❑ **Full Consult** (hematopathologist to select tests as needed)

❑ Results with interpretation (perform marked tests only)

❑ Results without interpretation (technical only)

❑ Call us to discuss appropriate testing

CLINICAL INFORMATION

ICD-10

Attach CBC & Clinical Notes

AUTHORIZED SIGNATURE:

BILLING INFORMATION

ATTACH INSURANCE INFORMATION

Bill: ❑ Insurance ❑ Client ❑ Patient

❑ **Hospital Inpatient** ❑ **Hospital Outpatient** ❑ **Non Hospital Patient**

SPECIMEN INFORMATION

Collection Date: Time:

❑ Peripheral Blood (#) ❑ Bone Marrow (#)

❑ Fresh Tissue (#) ❑ FNA (#) ❑ Smears (#)

❑ Paraffin Blocks (#) ❑ Slides (#) ❑ Test (❍ All ❍ Best)

❑ Biopsies (Total number:)

Body Site: (#1): Body Site: (#2)

Body Site: (#3) Body Site: (#4)

Body Site: (#5) Body Site: (#6)

ADDITIONAL TESTS, NOTES, REQUESTS, ETC.

DISEASE CATEGORIES "TESTING INDICATIONS"

❑ Blood consult ❑ FNA (fine needle aspiration)

✦ CYTOPENIA ✦ CYTOSIS ❍ Thyroid ❍ Soft Tissue

❍ Anemia ❍ Erythrocytosis ❍ Breast ❍ Others

❍ Leukopenia ❍ Leukocytosis ❍ Lymph Node

❍ Thrombocytopenia ❍ Thrombocytosis ❍ Head and Neck