Cairo Diagnostics

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Requisition Number T -
STAT Results ☐ Call ☐ Fax
Need Results By / /

Hematopathology Requisition Form

Patient Information *(Required)*

Name _____

Date of Birth _____

Gender Identity
☐ Male ☐ Female ☐ Female-to-Male (FTM) ☐ Male-to-Female (MTF)
☐ Other _____ ☐ Choose Not to Disclose

Race/Ethnicity
☐ American Indian or Alaskan Native ☐ Black or African American ☐ White
☐ Native Hawaiian or Other Pacific Islander ☐ Hispanic or Latino
☐ Other _____ ☐ Choose Not to Disclose

Sexual Orientation
☐ Lesbian, Gay or Homosexual ☐ Straight Heterosexual ☐ Bisexual
☐ Other _____ ☐ Choose Not to Disclose

Address _____

City, State, Zip _____

Phone Number _____

Med Rec# / Patient ID# _____

Physician Information *(Required)*

Account Information

Tel _____ **Fax** _____

Service Requested *(Required)*

☐ **Comprehensive Evaluation**
(Based on the diagnosis under consideration, perform a comprehensive evaluation bone marrow and/or blood morphology, flow cytometry, cytogenetics and/or FISH, and molecular as determined necessary by a Cairo Diagnostics hematopathologist.)

☐ **Perform marked tests only**

☐ **Technical only**
(Results without interpretation)

☐ **Call us to discuss appropriate testing**

Clinical Information *(Required)*

Attach CBC & Clinical Note

Clinical Notes **ICD-10**

Authorized Signature * _____ Date / /

* Disclaimer: The undersigned certifies that he/she is licensed to order the test(s) listed below and that such test(s) are medically necessary. By signing above, I have obtained patient's informed consent for the requested tests. In case of Solid Tumor testing, the signature above authorizes the release of the patient's specimen block/slides from its collection (Holding) facility.

Billing Information *(Required, Attach insurance information)*

☐ Insurance ☐ Client ☐ Patient ☐ Hospital Inpatient ☐ Hospital Outpatient ☐ Non-Hospital Patient

(Please attach an Advance Beneficiary Notice (ABN) for all Medicare patients)

Disease Categories - Testing Indications

☐ Anemia ☐ Leukopenia ☐ Thrombocytopenia ☐ MDS ☐ Erythrocytosis ☐ Leukocytosis ☐ Thrombocytosis ☐ MPN ☐ AML ☐ ALL
☐ MGUS/Myeloma ☐ Lymphoma ☐ CLL ☐ High Grade Lymphoma ☐ Hodgkin's Lymphoma ☐ T-cell Lymphoma ☐ LGL ☐ Others _____

Specimen Information *(Required)*

Collection Date / / Time _____

☐ Peripheral Blood (#) Green top(s) (#) Lavender top(s)

☐ Bone Marrow Aspirate (#) Green top(s) (#) Lavender top(s)

☐ Fresh Tissue (#) ☐ FNA (#) ☐ Smears (#)

☐ Paraffin Blocks (#) ☐ Slides (#)

☐ Biopsies *(Total Number)* _____

Body Site *(#1)* _____ Body Site *(#2)* _____

Body Site *(#3)* _____ Body Site *(#4)* _____

Morphologic Evaluation

☐ CBC and Peripheral Blood morphology with differential ☐ Tissue biopsy
☐ Bone marrow biopsy ☐ Clot ☐ Smears ☐ Consult slides

Flow Cytometry

☐ Leukemia ☐ Lymphoma ☐ Myeloma ☐ MDS/AML ☐ CLL
☐ T-cell Lymphoma ☐ LGL ☐ MRD ☐ PNH ☐ Other _____

Molecular

	Hematopathology	Solid Tumor
PCR	☐ JAK2 ☐ MPL ☐ CALR ☐ MYD88/CXCR4 ☐ BCR-ABL ☐ IgVH ☐ B-CELL ☐ T-CELL	☐ MSI
NGS	☐ **Comprehensive Myeloid Panel** ☐ AML ☐ CMML ☐ DDX41/BAX/MEN1 ☐ MDS ☐ MPN ☐ Others _____ ☐ **Comprehensive Lymphoid Panel** ☐ CLL ☐ Lymphoma	☐ **Comprehensive Solid Tumor Panel** ☐ Colon ☐ Melanoma ☐ Lung ☐ Others ☐ Prostate _____ ☐ **Tumor Mutation Burden (TMB)**

For Hereditary Cancer Screen
Contact Client Services or scan QR code for information

Cytogenetics

Karyotyping ☐ Karyotyping and/or FISH as determined by hematopathologist

FISH
☐ MDS ☐ AML ☐ CML
☐ MPN ☐ CLL ☐ LPD
☐ Myeloma ☐ Eosinophilia ☐ ALL

Additional Tests Notes, Requests, etc.

SEE BACK FOR PANEL BREAKDOWN

Detailed Breakdown of Panels for Information only. Please use the Front Page to Order your Testings.

Flow Cytometry Panels

Standard Screening Panel: CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD13, CD14, CD16, CD19, CD20, CD22, CD33, CD34, CD38, CD45, CD56, CD11b, CD117, HLA-DR, Kappa, Lambda.

Lymphoid Screening Panel (Lymph Node): CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD19, CD20, CD22, CD38, CD45, Kappa, Lambda.

B Cell Addons: CD11c, CD19, CD20, CD23, CD25, CD45, CD49d, CD79b, CD103, CD200.

T Cell Addons: CD1a, CD3, CD4, CD16, CD25, CD26, CD30, CD45, TCR a/b, TCR Cb1, TCR PAN γ/δ.

Myeloma Panel: cKappa, cLambda, CD19, CD27, CD38, CD45, CD56, CD81, CD117, CD138.

Myeloid Extended: CD34, CD36, CD38, CD41, CD45, CD64, CD71, CD123, CD235a, HLA-DR.

Cytoplasmic Panel: cCD3, cCD22, cCD79a, cMPO, cTdT, CD3, CD19, CD33, CD34, CD45.

PNH: CD14, CD15, CD24, CD45, CD56, CD64, CD235, FLAER.

Cytogenetics Panels

ALL: ABL1/BCR (9q34.1/22q11.2), MLL (11q23), ETV6 (12p13.2), IGH (14q32.3).

AML: D5S23,D5S721/EGR1 (5p15.2/5q31), CEP 7/D7S522 (7p11.1/7q31), RUNX1T1/RUNX1 (8q21.3/21q22), MLL (11q23), PML/RARA (15q24/17q21.1-21.2), CBFB (16q22), TP53 (q13.1)/CEP 17 (17p11.1q11.1).

CLL: CCND1/IGH (11q13.2/14q32.3), ATM (11q22.3), CEP 12 (p11.1-q11), D13S319 (13q14.3)/LAMP1 (13q34), TP53 (17p13.1).

CML: ABL1/BCR (9q34.1/22q11.2).

EOSINOPHILIA: PDGFRA (4q12), PDGFRB (5q32), FGFR1 (8p11.23-p11.22), PCM1/JAK2 (8p22/9p24.1).

MDS: D5S23,D5S721/EGR1 (5p15.2/5q31), CEP 7/D7S522 (7p11.1-q11.1/7q31), CEP 8 (p11.1-q11.1), ETV6 (12p13.2), TP53 (q13.1)/CEP 17 (17p11.1q11.1), D20S108 (20q12).

MM: 1pTEL/p58(1p36)/1q25, FGFR3/IGH (4p16.3/14q32.3), CEP 9 (p11-q11), CCND1/IGH (11q13.3/14q32.3), D13S319 (13q14.3)/LAMP1 (13q34), IGH (14q32.3), IGH/MAF (14q32.3/16q23), IGH/MAFB (14q32.3/20q12), CEP 15 (p11.2), TP53 (17p13.1).

MPN: CEP 8 (p11.1-q11.1), ETV6 (12p13), D13S319 (13q14.3)/LAMP1 (13q34), D20S319 (20q12).

HGL: BCL6 (3q27), MYC (8q24.21), IGH (14q32.3)/BCL2 (18q21).

MZL: CEP 3 (3p11.1-q11.1), MYB (6q23.2-q23.3), CEP 7 (7p11.1-q11.1)/D7S522 (7q31), CCND1 (11q13.3)/IGH (14q32.3), BIRC3 (11q22.1)/MALT1 (18q21.3).

T-CELL: CEP 7/D7S522 (7p11.1/7q31), MYC (8q24.2)/IGH (14q32.3)/CEP 8 (p11.1-q11.1), IGH (14q32.3).

Molecular Panels

Comprehensive Myeloid

23 Hotspot Genes: ABL1, BRAF, CBL, CSF3R, DNMT3A, FLT3, GATA2, HTAS, IDH1, IDH2, JAK2, KIT, KRAS, MPL, MYD88, NPM1, NRAS, PTPN11, STBP1, SF3B1, SRSF2, U2AF1, WT1.

17 Full Genes: ASXL1, BCOR, CALR, CEBPA, ETV6, EZH2, IKZF1, NF1 PHF6, PRPF8, RB1, RUNX1, SH2B3, STAG2, TET2, TP53, ZRSR2

29 Fusion Driver Genes: ABL1, ALK, BCL2, BRAF, CCND1, CREBBP, ETV6, EGFR, FGFR1, FGFR2, FUS, HMGA2, JAK2, KMT2A (MLL), MECOM, MET, MLLT10, MLLT3, MYBL1, MYH11, NTRK3, NUP214, PDGFRA, PDGFRB, RARA, RBM15, RUNX1, TCF3, TFE3.

Comprehensive Lymphoid

Lymphoma (66 genes): ATM, CREBBP, KMT2D, NOTCH1, TP53, ARID1A, B2M, BCL2, BIRC3, BRAF, BTK, CARD11, CD79B, CDKN1B, CDKN2A, CIITA, CXCR4, DDX3X, DNMT3A, EP300, EZH2, FBXW7, FOXO1, GNA13, ID3, IDH1, IDH2, IRF4, JAK1, JAK2, JAK3, KLF2, KMT2C, KRAS, MAP2K1, MEF2B, MTOR, MYC, MYD88, NF1, NOTCH2, NRAS, PAX5, PHF6, PIK3CA, PIM1, PLCG2, PRDM1, PTEN, PTPN11, PTPRD, RB1, RHOA, SETD2, SF3B1, SGK1, SOCS1, SPEN, STAT3, STAT5B, STAT6, TCF3, TET2, TNFAIP3, TNFRSF14, XPO1.

Solid Tumor Panel

Hotspot (35 genes): AKT1, ALK, AR, BRAF, CDK4, CTNNB1, DDR2, EGFR, ERBB2, ERBB3, ERBB4, ESR1, FGFR2, FGFR3, GNA11, GNAQ, HRAS, IDH1, IDH2, JAK1, JAK2, JAK3, KIT, KRAS, MAP2K1, MAP2K2, MET, MTOR, NRAS, PDGFRA, PIK3CA, RAF1, RET, ROS1, SMO.

CNVs (19 genes): ALK, AR, BRAF, CCND1, CDK4, CDK6, EGFR, ERBB2, FGFR1, FGFR2, FGFR3, FGFR4, KIT, KRAS, MET, MYC, MYCN, PDGFRA, PIK3CA.

Fusion driver genes (23 genes): ABL1, ALK, AKT3, AXL, BRAF, EGFR, ERBB2, ERG, ETV1, ETV4, ETV5, FGFR1, FGFR2, FGFR3, MET, NTRK1, NTRK2, NTRK3, PDGFRA, PPARG, RAF1, RET, ROS1.